the JOURNAL of the MICHIGAN STATE MEDICAL SOCIETY

ume 46 Number 11

Earl Ingram Carr, M.D., Lansing
President, Michigan Foundation for Medical and Health Education, Inc.

(See page 1250)

(Photo by Joseph Merante, New York)

EMBER, 1947

Contents—Page 1227

SYMBOLS OF SIGNIFICANCE

MAPHARSEN

The dark field spotlights the slender, nimble undulating form of Treponema pallidum to establish a diagnosis of syphilis. The prognosis may be dark if the patient fails to receive adequate therapy.

MAPHARSEN is a dependable arsenical, with years of clinical experience and millions of administered doses testifying to its effectiveness.

MAPHARSEN is one of a long line of Parke-Davis preparations whose service to the profession created a dependable symbol of significance in medical therapeutics—

MEDICAMENTA VERA.

MAPHARSEN (Oxophenarsine Hydrochloride) in single dose ampoules of 0.04 gm. and 0.06 gm.; boxes of 10 ampoules. Multiple dose, hospital size ampoules of 0.6 gm., in boxes of 10.

PARKE, DAVIS & COMPANY · DETROIT 32, MICHIGAN

Table of Contents

Michigan Rural Health Conference.
J. S. De Tar, M.D. 1273

Widespread Metastatic Carcinoma.
Louis L. Kazdan, M.S., M.D. 1276

Prolapse of the Umbilical Cord.
Louis E. Doerr, Jr., M.D. 1277

Prostatic Surgery.
R. J. Hubbell, M.D., and *R. N. Kilgore, M.D.* 1279

Medical Treatment of Perforated Peptic Ulcer.
Robert S. McClintock, M.D. 1282

Combined Jaw Resection and Neck Dissection.
Harry C. Saltzstein, M.D., and *Walter Johnson, M.D.* 1285

President's Page:
Postgraduate Facilities 1289

Editorial:
Eighty-second Annual Session 1290
Organization Seminars 1290
President-Elect Sladek 1291
Councilor Oakes 1291

Postgraduate Continuation Courses—Wayne University College of Medicine 1292

Proceedings of the MSMS House of Delegates—1947 1293

Postgraduate Courses—University of Michigan Medical School 1326

Michigan's Department of Health 1328

What's What 1330

The Doctor's Library 1346

Annual Session Echoes 1234

Public Relations at the MSMS Annual Session 1238

MSMS Presents Awards for Outstanding Health Service 1240

Awards of Merit 1242

You and Your Business 1246

Michigan Foundation for Medical and Health Education, Inc. 1250

Doctor Altland Appointed Health Commissioner 1252

Michigan State Board of Registration in Medicine 1252

Editorial Comment 1254

THE JOURNAL
of the Michigan State Medical Society

VOLUME 46 NOVEMBER, 1947 NUMBER 11

Office of Publication
2642 University Avenue
Saint Paul 4, Minnesota

Editor
WILFRID HAUGHEY, M.D.
610 Post Bldg., Battle Creek, Michigan

Secretary and Business Manager of THE JOURNAL
L. FERNALD FOSTER, M.D.
Thorne Bldg., 919 Washington Ave.
Bay City, Michigan

Executive Secretary
WM. J. BURNS, LL.B.
2020 Olds Tower, Lansing 8, Michigan

All communications relative to exchanges, books for review, manuscripts, should be addressed to Wilfrid Haughey, M.D., 610 Post Bldg., Battle Creek, Michigan.

All communications regarding advertising and subscriptions should be addressed to Wm. J. Burns, 2642 University Avenue, Saint Paul 4, Minnesota, or 2020 Olds Tower, Lansing 8, Michigan. Telephone 57125.

Published monthly by the Michigan State Medical Society as its official journal at 2642 University Avenue, Saint Paul 4, Minnesota.

Entered at the post office at Saint Paul, Minnesota, as second class matter, May 7, 1930, under the Act of March 3, 1879.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized August 7, 1918.

Yearly subscription rate, $5.00; single copies, 50 cents.

PRINTED IN U.S.A.

OFFICERS OF THE SOCIETY
1947-48

President.....P. L. LEDWIDGE, M.D.....Detroit
President-Elect.....E. F. SLADEK, M.D.....Traverse City
Secretary.....L. FERNALD FOSTER, M.D.....Bay City
Treasurer.....A. S. BRUNK, M.D.....Detroit
Speaker.....J. S. DeTAR, M.D.....Milan
Vice Speaker.....R. H. BAKER, M.D.....Pontiac

THE COUNCIL

O. O. BECK, M.D., Chairman, Birmingham
W. E. BARSTOW, M.D., Vice Chairman, St. Louis
L. FERNALD FOSTER, M.D., Secretary, Bay City

	District		Term Expires
C. E. UMPHREY, M.D.	1st	Detroit	1951
P. A. RILEY, M.D.	2nd	Jackson	1950
WILFRID HAUGHEY, M.D.	3rd	Battle Creek	1950
R. J. HUBBELL, M.D.	4th	Kalamazoo	1951
J. D. MILLER, M.D.	5th	Grand Rapids	1951
R. C. POCHERT, M.D.	6th	Owosso	1951
T. E. DeGURSE, M.D.	7th	Marine City	1952
W. E. BARSTOW, M.D.	8th	St. Louis	1952
E. A. OAKES, M.D.	9th	Manistee	1952
F. H. DRUMMOND, M.D.	10th	Kawkawlin	1952
ROY H. HOLMES, M.D.	11th	Muskegon	1948
A. H. MILLER, M.D.	12th	Gladstone	1948
W. H. HURON, M.D.	13th	Iron Mountain	1948
D. W. MYERS, M.D.	14th	Ann Arbor	1949
O. O. BECK, M.D.	15th	Birmingham	1950
E. R. WITWER, M.D.	16th	Detroit	1950
J. S. DeTAR, M.D.	Speaker		Milan
P. L. LEDWIDGE, M.D.	President		Detroit
E. F. SLADEK, M.D.	President-Elect		Traverse City
L. FERNALD FOSTER, M.D.	Secretary		Bay City
A. S. BRUNK, M.D.	Treasurer		Detroit

EXECUTIVE COMMITTEE OF THE COUNCIL

O. O. BECK, M.D.....Chairman
W. E. BARSTOW, M.D.....Vice Chairman
F. H. DRUMMOND, M.D.....Chairman, Publication Committee
E. R. WITWER, M.D.....Chairman, Finance Committee
J. D. MILLER, M.D.....Chairman, County Societies Committee
J. S. DeTAR, M.D.....Speaker, House of Delegates
P. L. LEDWIDGE, M.D.....President
E. F. SLADEK, M.D.....President-Elect
L. FERNALD FOSTER, M.D.....Secretary

SECTION OFFICERS

Medicine
G. T. McKean, M.D.....Detroit
Chairman
B. B. Bushong, M.D.....Traverse City
Secretary

Surgery
Edward Dowdle, M.D.....Detroit
Chairman
D. B. Hagerman, M.D.....Grand Rapids
Secretary

Gynecology and Obstetrics
P. W. Willits, M.D.....Grand Rapids
Chairman
M. M. Rozan, M.D.....Lansing
Secretary

Dermatology and Syphilology
J. H. Cobane, M.D.....Detroit
Chairman
H. H. Holman, M.D.....Detroit
Secretary

Radiology, Pathology Anesthesiology
J. E. Lofstrom, M.D.....Detroit
Chairman (Rad.)
H. J. VanBelois, M.D.....Grand Rapids
Secretary (Anes.)
D. H. Kaump, M.D.....Detroit
Secretary (Path.)

General Practice
E. M. Pettis, M.D.....Muskegon
Chairman
E. C. Long, M.D.....Detroit
Secretary

Ophthalmology and Otolaryngology
W. S. Jones, M.D.....Menominee
Chairman (Oto.)
W. K. Slack, M.D.....Saginaw
Secretary (Oto.)
Don Marshall, M.D.....Kalamazoo
Co-Secretary (Ophth.)

Pediatrics
J. H. Lewis, M.D.....Wyandotte
Chairman
R. H. Trimby, M.D.....Lansing
Secretary

Urology
W. L. Sherman, M.D.....Detroit
Chairman
C. F. Schroeder, M.D.....Detroit
Secretary

Public Health and Preventive Medicine
G. C. Stucky, M.D.....Charlotte
Chairman
O. K. Engelke, M.D.....Ann Arbor
Secretary

Nervous and Mental Diseases
H. A. Luce, M.D.....Detroit
Chairman
R. P. Sheets, M.D.....Traverse City
Secretary

DELEGATES TO A. M. A.

Delegates

W. D. Barrett, M.D., Detroit.....1948
T. K. Gruber, M.D., Eloise.....1948
C. R. Keyport, M.D., Grayling.....1948
L. G. Christian, M.D., Lansing.....1949
W. A. Hyland, M.D., Grand Rapids.....1949

Alternates

R. L. Novy, M.D., Detroit.....1948
R. H. Denham, M.D., Grand Rapids.....1948
C. I. Owen, M.D., Detroit.....1948
R. A. Johnson, M.D., Detroit.....1949
H. H. Cummings, M.D., Ann Arbor.....1949

Facts regarding *fluidity* of PENICILLIN in oil and wax

When penicillin in oil and wax is to be used once daily, the most important consideration is the maintenance of therapeutic blood levels for 24 hours.

For easy administration and adequately sustained blood levels, the formula must be neither too viscous nor too fluid . . . the penicillin crystals of correct size, shape and density . . . the container appropriate to the use intended. The following should also be recognized:

1 For administration from multiple-dose vials, the mixture should be sufficiently fluid to permit easy withdrawal, accurate measurement and easy injection.

2 In all fluid preparations, however, the penicillin has a tendency to settle out. Unless the container has adequate air space and volume to permit resuspension of the settled penicillin by shaking, 24 hour blood levels may not be maintained. Either overdosage or underdosage may result.

3 When injected from individual-dose cartridges, the penicillin in oil and wax suspension should be of slightly thicker consistency. If it is not, and the penicillin settles out, it cannot be resuspended by shaking, because (a) the volume is too small, and (b) the cartridge has no air space.

4 The slightly heavier type of suspension can be easily injected in accurate dosage with a minimum of discomfort to the patient. It is essentially free-flowing at room temperature, and each cartridge contains a full 1 cc. (300,000 unit) dose, which eliminates the need of measuring.

In keeping with Squibb policy of making the form of the product appropriate to the use, two forms of Squibb Penicillin G in Oil and Wax are available. Each offers the advantages of proper formula and consistency.

For easy, individual injections in home, office and emergency:

SQUIBB PENICILLIN G IN OIL AND WAX

Essentially free-flowing at room temperature: in Double-cell Cartridges for use with B-D* disposable or permanent syringe.

*T. M. REG. BECTON, DICKINSON & CO.

For easy, mass injections in clinic, hospital, or office, the new 10 cc. vial of

SQUIBB LIQUID PENICILLIN G IN OIL AND WAX

Resuspension readily attained; easy to inject; no withdrawal difficulties.

MSMS Committee Personnel

Legislative Committee

L. A. Drolett, *Chairman*.....Lansing
E. C. Baumgarten.....Detroit
William Bromme.....Detroit
W. A. Chipman.....Detroit
T. S. Conover.....Flint
E. F. Ducey.....Grand Rapids
H. B. Fenech.....Detroit
D. L. Finch.....Battle Creek
Nicola Gigante.....Detroit
T. K. Gruber.....Eloise
E. D. King.....Detroit
O. B. McGillicuddy.....Lansing
W. F. Mertaugh.....Sault Ste. Marie
H. L. Morris.....Detroit
E. W. Schnoor.....Grand Rapids
E. F. Sladek.....Traverse City
J. G. Slevin.....Detroit
E. S. Thornton.....Muskegon
R. V. Walker.....Detroit
George Waters.....Port Huron
A. V. Wenger.....Grand Rapids
J. B. Whinery, Jr.....Grand Rapids

Committee on Distribution of Medical Care

C. W. Colwell, *Chairman*.....Flint
R. H. Baker.....Pontiac
H. F. Dibble.....Detroit
E. M. Vardon.....Detroit

Maternal Health Committee

R. B. Kennedy, *Chairman*.....Detroit
E. H. Beernink.....Grand Haven
W. H. Boughner.....Algonac
A. M. Campbell.....Grand Rapids
W. G. Hoebeke.....Kalamazoo
S. T. Lowe.....Battle Creek
W. B. Mitchell.....Detroit
W. F. Seeley.....Detroit
L. C. Spademan.....Detroit
P. E. Sutton.....Royal Oak
P. W. Willits.....Grand Rapids

Preventive Medicine Committee

W. S. Reveno, *Chairman*.....Detroit
J. K. Altland.....Lansing
G. D. Cummings.....Lansing
H. H. Cummings.....Ann Arbor
J. M. Dorsey.....Detroit
H. H. Gay.....Midland
R. W. Kempton.....Saginaw
R. B. Kennedy.....Detroit
C. E. Lemmon.....Detroit
R. D. McClure.....Detroit
R. M. McKean.....Detroit
N. F. Miller.....Ann Arbor
H. M. Pollard.....Ann Arbor
L. W. Shaffer.....Grosse Pte. Woods
Frank Van Schoick.....Jackson

Cancer Control Committee

N. F. Miller, *Chairman*.....Ann Arbor
J. K. Altland.....Lansing
M. R. Burnell.....Flint
D. C. Burns.....Petoskey
L. A. Campbell.....Saginaw
E. I. Carr.....Lansing
A. E. Hammond.....Detroit
Eugene Hand.....Saginaw
L. E. Holly.....Muskegon
A. A. Humphrey.....Battle Creek
H. F. Mattson.....Hillsdale
A. B. McGraw.....Detroit
H. L. Miller.....Detroit
H. M. Nelson.....Detroit
C. A. Payne.....Grand Rapids
H. M. Pollard.....Ann Arbor
H. W. Porter.....Jackson
H. R. Prentice.....Kalamazoo
W. W. Sawyer.....Hillsdale
H. L. Sigler.....Howell
H. L. Smith.....Detroit
H. J. VandenBerg.....Grand Rapids
F. L. Rector, *Secretary*.....Ann Arbor
F. A. Coller, *Advisor*.....Ann Arbor
W. A. Hyland, *Ex Officio*.....Grand Rapids

Joint Committee on Infectious Diarrhea

G. D. Cummings, *Chairman*.....Lansing
Bernard Bernbaum.....Detroit
J. H. Lewis.....Wyandotte
R. K. Whiteley.....Detroit

Child Welfare Committee

R. M. Kempton, *Chairman*.....Saginaw
Moses Cooperstock.....Marquette
Carleton Dean.....Lansing
A. M. Hill.....Grand Rapids
J. L. Law.....Ann Arbor
R. J. Mason.....Birmingham
A. L. Richardson.....Detroit
R. S. Simpson.....Battle Creek
L. P. Sonda.....Detroit
Kenneth Wells.....Spring Lake

Committee on Venereal Disease Control

L. W. Shaffer, *Chairman*
Grosse Pte. Woods
R. S. Breakey, *Vice Chairman*.....Lansing
K. A. Alcorn.....Bay City
A. C. Curtis.....Ann Arbor
W. B. Harm.....Detroit
Ruth Herrick.....Grand Rapids
M. J. Holdsworth.....Grand Rapids
R. H. Holmes.....Muskegon
H. L. Keim.....Detroit
E. S. Parmenter.....Rogers City
Frank Stiles.....Lansing

Committee on Tuberculosis Control

C. E. Lemmon, *Chairman*.....Detroit
J. L. Egle.....Gaylord
Cameron Haight.....Ann Arbor
P. J. Howard.....Detroit
W. L. Howard.....Battle Creek
H. G. Huntington.....Howell
G. T. McKean.....Detroit
V. C. Johnson.....Detroit
J. D. Littig.....Kalamazoo
E. J. O'Brien.....Detroit
L. A. Pratt.....Detroit
R. A. Rasmussen.....Grand Rapids
J. W. Towey.....Powers
B. R. Van Zwaluwenburg.....Grand Rapids

Iodized Salt Committee

R. D. McClure, *Chairman*.....Detroit
B. E. Brush.....Detroit
L. W. Gerstner.....Kalamazoo
D. E. Lichty.....Ann Arbor
R. C. Moehlig.....Detroit
L. E. Showalter.....Cadillac
H. A. Towsley.....Ann Arbor
W. R. Young.....Lawton

Industrial Health Committee

H. H. Gay, *Chairman*.....Midland
A. L. Brooks.....Detroit
W. P. Chester.....Detroit
Henry Cook.....Flint
W. A. Dawson.....Inkster
V. S. Laurin.....Muskegon
K. E. Markuson.....Lansing
J. D. Miller.....Grand Rapids
N. W. Scholle.....Muskegon Heights
C. D. Selby.....Detroit
H. T. Sethney.....Menominee
M. W. Shellman.....Grand Rapids
E. C. Sites.....Port Huron
F. B. Williamson.....Ypsilanti

Mental Hygiene Committee

J. M. Dorsey, *Chairman*.....Detroit
R. G. Brain.....Flint
F. P. Currier.....Grand Rapids
M. W. Hoffman.....Detroit
R. A. Morter.....Kalamazoo
B. M. Murphy.....Jackson
R. P. Sheets.....Traverse City
R. W. Waggoner.....Ann Arbor

(Continued on Page 1232)

Committee on Health and Degenerative Diseases

R. M. McKean, *Chairman*.....Detroit
C. B. Beeman.....Grand Rapids
D. R. Boyd.....Muskegon
J. R. Brink.....Grand Rapids
B. B. Bushong.....Traverse City
M. S. Chambers.....Flint
F. P. Currier.....Grand Rapids
J. M. Dorsey.....Detroit
R. A. Johnson.....Detroit
F. D. Johnston.....Ann Arbor
Mark Marshall.....Ann Arbor
E. W. Meredith.....Port Huron
J. M. Murphy.....Detroit
A. E. Vogelin.....Detroit

Ethics Committee

G. B. Hoops, *Chairman* (1949).....Detroit
A. J. Baker (1949).....Grand Rapids
L. O. Geib (1948).....Detroit
L. C. Harvie (1950).....Saginaw
L. J. Morand (1951).....Detroit
R. S. Morrish (1950).....Flint
W. E. Nesbitt (1951).....Alpena

Committee on State Veterans Affairs

L. E. Sevey, *Chairman*.....Grand Rapids
G. C. Penberthy, *Vice Chairman*.....Detroit
W. W. Babcock.....Detroit
C. W. Brainard.....Battle Creek
O. A. Brines.....Detroit
Wm. Bromme.....Detroit
W. C. C. Cole.....Detroit
W. C. Ellet.....Benton Harbor
H. B. Fenech.....Detroit
James Fyvie.....Manistique
J. V. Fopeano.....Kalamazoo
R. F. Hague.....Flint
S. W. Hartwell.....Muskegon
J. E. Ludwick.....Jackson
K. S. McIntyre.....Hastings
H. C. Mitchell.....Grand Rapids
W. E. Nesbitt.....Alpena
C. I. Owen.....Detroit
F. H. Power.....Traverse City
C. W. Reutter.....Bay City
Paul Schrier.....Kalamazoo
J. M. Sheldon.....Ann Arbor
R. W. Teed.....Ann Arbor
J. M. Wellman.....Lansing
Stuart Yntema.....Saginaw

Public Relations Committee

L. W. Hull, *Chairman*.....Detroit
C. L. Candler, *Vice Chairman*.....Detroit
G. T. Aitken.....Grand Rapids
A. F. Bliesmer.....St. Joseph
A. S. Brunk.....Detroit
J. S. DeTar.....Milan
Douglas Donald.....Detroit
L. F. Foster.....Bay City
N. J. Frenn.....Bark River
W. G. Gamble.....Bay City
W. J. Herrington.....Bad Axe
L. T. Henderson.....Detroit
L. E. Holly.....Muskegon
W. S. Jones.....Menominee
C. R. Keyport.....Grayling
J. S. Lambie.....Pontiac
J. J. Lightbody.....Detroit
J. E. Livesay.....Flint
J. J. McCann.....Ionia
H. J. Meier.....Coldwater
E. B. Miller.....Manistee
F. J. O'Donnell.....Alpena
E. S. Oldham.....Breckenridge
E. A. Osius.....Detroit
C. A. Payne.....Grand Rapids
F. R. Reed.....Three Rivers
W. Z. Rundles.....Flint
R. F. Salot.....Mt. Clemens
G. B. Saltonstall.....Charlevoix
A. E. Schiller.....Detroit
A. H. Steele.....Paw Paw
R. W. Teed.....Ann Arbor
Arch Walls.....Detroit
C. L. Weston.....Owosso
D. B. Wiley.....Utica
G. A. Zindler.....Battle Creek

MSMS Committee Personnel

(Continued from Page 1230)

Medical Legal Committee

S. W. Donaldson, *Chairman*....Ann Arbor
C. E. Lemen.....Traverse City
F. A. Mercer.....Pontiac
W. B. Mitchell.....Grand Rapids
W. J. Stapleton, Jr.....Detroit

Committee on Rheumatic Fever Control

Frank VanSchoick, *Chairman*.....Jackson
N. E. Clarke.....Detroit
Carleton Dean.....Lansing
L. F. Foster.....Bay City
Thomas Francis, Jr.....Ann Arbor
L. P. Ralph.....Grand Rapids
A. M. Roche.....Calumet
H. H. Riecker.....Ann Arbor
C. J. Smyth.....Eloise
Mr. P. C. Angove.....Detroit

State Interprofessional Committee

W. W. Babcock, *Chairman*.....Detroit
V. C. Abbott.....Pontiac
C. S. Clarke.....Jackson
S. T. Flynn.....Flint
S. W. Hartwell.....Muskegon
L. C. Harvie.....Saginaw
K. P. Hodges.....Lansing
R. G. Laird.....Grand Rapids
Edwin C. Miller.....Bay City
G. W. Slagle.....Battle Creek

Postgraduate Medical Education Committee

H. H. Cummings, *Chairman*....Ann Arbor
E. I. Carr, *Vice Chairman* (1949) Lansing
B. R. Corbus (1949).....Grand Rapids
G. J. Curry (1950).....Flint
W. B. Fillinger (1949).....Ovid
A. C. Furstenberg (1948).....Ann Arbor
C. B. Gardner (1948).....Lansing
R. H. Holmes (1948).....Muskegon
H. A. Kemp (1948).....Detroit
P. A. Riley (1949).....Jackson
J. M. Robb (1948).....Detroit
J. M. Sheldon (1950).....Ann Arbor
E. D. Spalding (1950).....Detroit
F. A. Weiser (1950).....Detroit
C. P. Drury, *Advisor* (1948)....Marquette
J. J. Walch, *Advisor* (1948).....Escanaba

Beaumont Memorial Committee

F. A. Coller, *Chairman*.....Ann Arbor
F. C. Kidner.....Detroit
A. W. Lescohier.....Detroit
H. C. Mayne.....Cheboygan

Committee on Scientific Work

L. F. Foster, *Chairman*.....Bay City
(Plus Section Officers)

Scientific Radio Committee

H. M. Pollard, *Chairman*.....Ann Arbor
D. K. Barstow.....St. Louis
R. E. Boucher.....Royal Oak
T. T. Callaghan.....Detroit
H. A. Kemp.....Detroit
J. H. McMillan.....Monroe
S. G. Meyers.....Detroit
Kenneth Toothaker.....Lansing

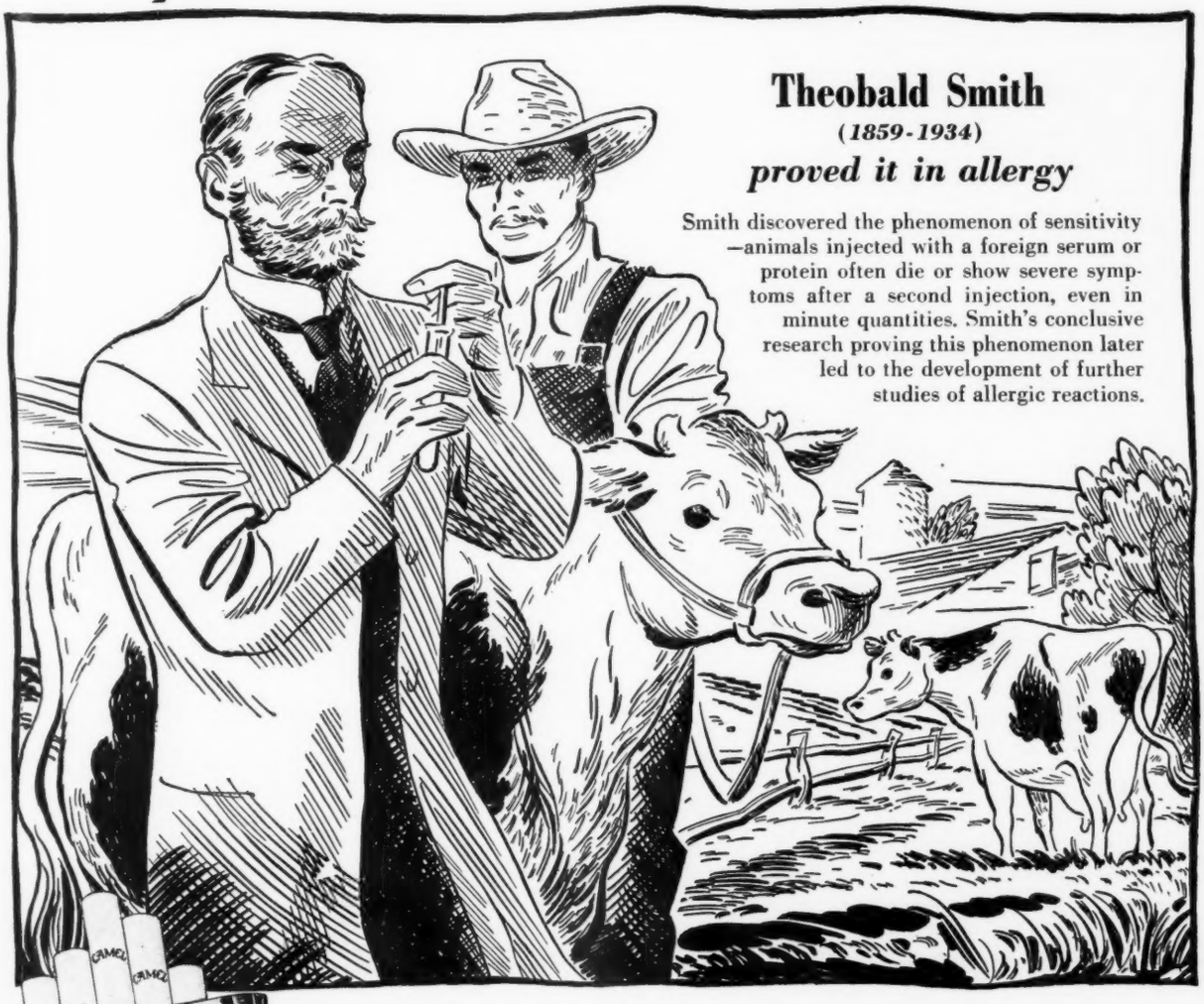
Committee on Nurses Training Schools

C. G. Clippert, *Chairman*.....Grayling
R. L. Haas.....Ann Arbor
H. D. McEachran.....Iron Mountain
E. A. Oakes.....Manistee
W. J. Smith.....Cadillac
R. A. Springer.....Centerville
D. W. Thorup.....Benton Harbor

Advisory Committee to Woman's Auxiliary

T. P. Clifford, *Chairman*.....Detroit
T. G. Amos.....Detroit
Alfred LaBine.....Houghton
C. W. Oakes.....Harbor Beach
P. A. Riley.....Jackson

Experience is the Best Teacher

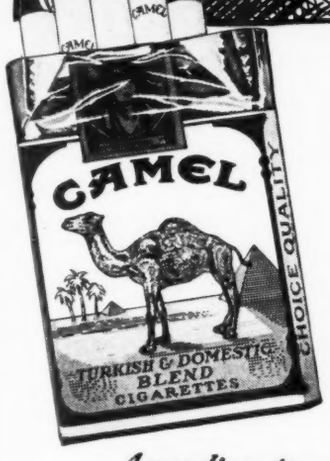


Theobald Smith

(1859-1934)

proved it in allergy

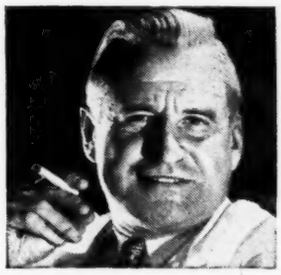
Smith discovered the phenomenon of sensitivity —animals injected with a foreign serum or protein often die or show severe symptoms after a second injection, even in minute quantities. Smith's conclusive research proving this phenomenon later led to the development of further studies of allergic reactions.



Yes, and experience is the best teacher in smoking too!

EXPERIENCE during the wartime cigarette shortage taught smokers the differences in cigarette quality. In those days, people smoked —and compared—many different brands. That's the experience from which so many smokers learned that Camels suit them best. **As a result, more people are smoking Camels than ever before.**

Try Camels! Let *your* taste and throat tell you why, with millions who have tried and compared, Camels are the *choice of experience!*



According to a Nationwide survey:

MORE DOCTORS SMOKE CAMELS

than any other cigarette

R. J. Reynolds Tobacco Company, Winston-Salem, North Carolina

Annual Session Echoes

All MSMS convention records for the city of Grand Rapids were broken at the 1947 Annual Session, held at the Pantlind Hotel-Civic Auditorium, Grand Rapids, on September 23-26.

A total of 2,110 were registered, as follows:

Doctors of Medicine	1401
Interns, Residents and Guests	341
Exhibitors	368
Total	2110

The Proceedings of the 82nd Annual Session of the MSMS House of Delegates, held September 21, 22, and 23, will be published in the November and December, 1947, Numbers of JMSMS. A reprint of the Proceedings will be made and furnished to all Delegates and to any and all MSMS members upon request.

INDUCTION OF A PRESIDENT

From left to right: William A. Hyland, M.D., Grand Rapids, retiring president, inducting P. L. Ledwidge, M.D., Detroit, into the office of president of the Michigan State Medical Society, in Grand Rapids on September 24. The president's gold medal, symbolic of office, is being draped with its purple ribbon on the new president.

WHAT THEY THOUGHT OF THE MSMS ANNUAL SESSION

Honorable John Nicholas Brown, Washington, D. C., Biddle Orator of 1947: "I felt it a great honor to be invited to make the Biddle Oration and enjoyed more than I can say my pleasant association with the members of the Michigan State Medical Society at Grand Rapids."

A. D. Campbell, M.D., Montreal, Guest Essayist: "I want to tell you how much I enjoyed the Michigan meeting."

THREE PRESIDENTS AND AN EDITOR

From left to right: William A. Hyland, M.D., Grand Rapids, MSMS president 1946-47; E. F. Sladek, M.D., Traverse City, president 1948-49; P. L. Ledwidge, M.D., Detroit, president 1947-48; Wilfrid Haughey, M.D., Battle Creek, editor of THE JOURNAL, in MSMS Hospitality Booth during 1948 Annual Session, Grand Rapids.

Russell L. Cecil, M.D., New York, Guest Essayist: "I enjoyed every minute of my visit to Grand Rapids and especially the kind hospitality of my 'ubiquitous host' and some of the other men who looked after me."

George C. Curtis, M.D., Columbus, Ohio, Guest Essayist: "I thought that your program was splendid. Also it *moved*!"

Michael E. DeBakey, M.D., New Orleans, Guest Essayist: "I should like to express my grateful appreciation for the kind and gracious hospitality accorded me during my recent visit with you. It was indeed a real pleasure to

(Continued on Page 1236)

participate in your 82nd Annual Session. It was a most stimulating meeting."

Frederic E. B. Foley, M.D., Saint Paul, Guest Essayist: "The Michigan group is certainly one of the outstanding State organizations in this country; I was amazed by its efficiency and the fine support it receives from the

AWARDS TO MSMS FIFTY-YEAR CLUB MEMBERS

Ninety-nine Michigan physicians, who have practiced fifty years or longer, being inducted as Charter Members of the MSMS Fifty-Year Club by President William A. Hyland, M.D., Grand Rapids, and Secretary L. Fernald Foster, M.D., Bay City, in Grand Rapids, September 24.

"It was a pleasure to attend the meeting and contribute to your program."

S. W. Harrington, M.D., Rochester, Minnesota, Guest Essayist: "I wish to compliment you on your excellent meeting in Grand Rapids. This is the first time that I have attended the Michigan State meeting and it was one of the best and most efficiently managed medical meetings that I have ever attended. I enjoyed having had the opportunity of participating in it."

L. Emmett Holt, Jr., M.D., New York City, Guest Essayist: "I do not know of any medical society whose meetings are better organized for the pleasure and profit of all concerned."

Reynold A. Jensen, M.D., Minneapolis, Guest Essayist: "I want to thank the Michigan State Medical Society for the very warm and cordial welcome I had as one of your guests during the recent Society meeting. It was one of the finest experiences that I have had."

J. R. Lindsay, M.D., Chicago, Guest Essayist: "I enjoyed the visit to the annual session of the Michigan State Medical Society very much."

Clifford B. Lull, M.D., Philadelphia, Guest Essayist: "My entire stay in Grand Rapids was most pleasant and I have never attended a meeting where I felt more at home or had a better time. I can assure you that, as far as I could see, the meeting was a huge success."

C. S. O'Brien, M.D., Iowa City, Guest Essayist: "I thought your Michigan State meeting was a very interesting one. I enjoyed myself in Grand Rapids since I was able to be with some of my old friends. Thank you."

R. V. Platou, M.D., New Orleans, Guest Essayist: "I thoroughly enjoyed meeting with such an enthusiastic group of doctors and participating in the program."

Louis Schwartz, M.D., Washington, D.C., Guest Essayist: "I assure you that I enjoyed talking before the Michigan State Medical Society."

Wendell G. Scott, M.D., St. Louis, Guest Essayist: Michigan physicians. It was a pleasure and an honor to have participated in the meeting of the Michigan State Medical Society."

Clement A. Smith, M.D., Boston, Guest Essayist: "I had a very pleasant time in Grand Rapids and felt that the meeting was, as usual for Michigan, beautifully arranged."

Frank E. Whitacre, M.D., Memphis, Tenn, Guest Speaker: "It was indeed a pleasure to take part in the program of the Michigan State Medical Society, as I felt much at home in that part of the country. I found the meeting one of the most stimulating I have ever attended."

Alexander M. Campbell, M.D., Lansing: "The whole affair was excellently arranged."

Harrison S. Collisi, M.D., Manager Crile V. A. Hospital, Cleveland, Ohio: "Congratulations on a fine meeting. I did enjoy all of it, particularly meeting many of my old friends. Please convey to your officers my reaction regarding the annual session."

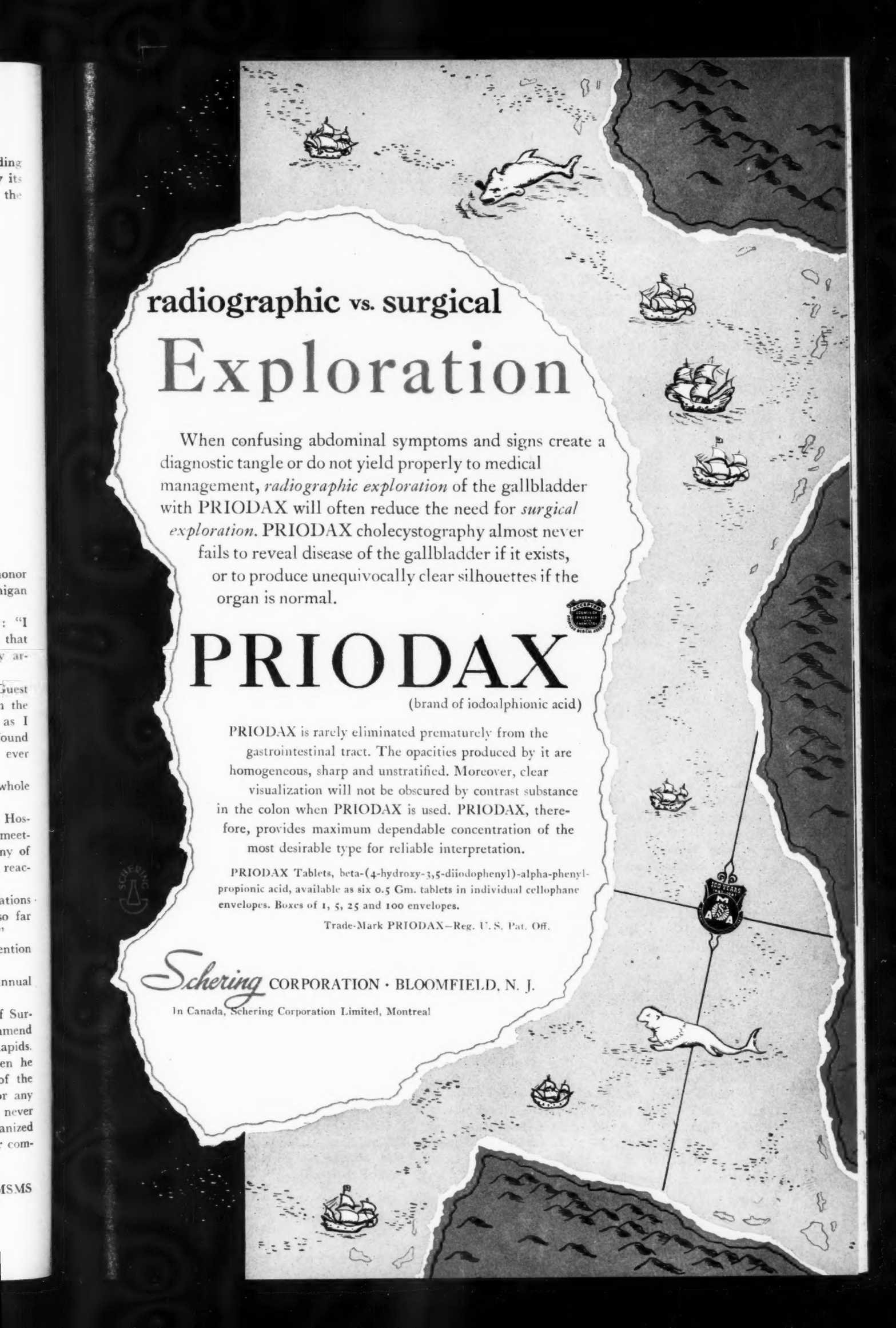
B. R. Corbus, M.D., Grand Rapids: "Congratulations on what was the most successful State meeting so far pulled off. I hear words of praise from every side."

Luther W. Day, M.D., Jonesville: "The convention was good and I enjoyed every day of it."

Robert J. Douglas, M.D., Muskegon: "The annual meeting was the best I ever attended."

J. C. Foshee, M.D., Grand Rapids, Chairman of Surgical Section 1946-47: "Please allow me to commend you upon the fine 'show' you put on in Grand Rapids. Dr. Wayne Babcock of Philadelphia told me when he arrived that he had never seen a State program of the caliber of ours. He said, 'This is good enough for any national convention.' Dr. DeBakey told me he had never seen a state medical society program so well organized and so efficient. Dr. Harrington wrote me a similar com-

(Continued on Page 1244)


radiographic vs. surgical
Exploration
When confusing abdominal symptoms and signs create a diagnostic tangle or do not yield properly to medical management, *radiographic exploration* of the gallbladder with PRIODAX will often reduce the need for *surgical exploration*. PRIODAX cholecystography almost never fails to reveal disease of the gallbladder if it exists, or to produce unequivocally clear silhouettes if the organ is normal.
ACCEPTED
PRIODAX
(brand of iodoalphionic acid)
PRIODAX is rarely eliminated prematurely from the gastrointestinal tract. The opacities produced by it are homogeneous, sharp and unstratified. Moreover, clear visualization will not be obscured by contrast substance in the colon when PRIODAX is used. PRIODAX, therefore, provides maximum dependable concentration of the most desirable type for reliable interpretation.
PRIODAX Tablets, beta-(4-hydroxy-3,5-diiodophenyl)-alpha-phenyl-propionic acid, available as six 0.5 Gm. tablets in individual cellophane envelopes. Boxes of 1, 5, 25 and 100 envelopes.
Trade-Mark PRIODAX—Reg. U. S. Pat. Off.
Schering CORPORATION · BLOOMFIELD, N. J.
In Canada, Schering Corporation Limited, Montreal
SCHERING
100 YEARS
M
A
A

Public Relations at the MSMS Annual Session

RADIO PRESENTATIONS

1. Round-table discussion on the subject of "What is the Greatest Problem Facing Medicine Today." Broadcast over radio station WLAV, Grand Rapids and the Michigan Radio Network, Sunday, September 21.

5. The entire ceremonies of Officers Night, Wednesday, September 24, were broadcast over radio station WLAV, Grand Rapids, and the Michigan Radio Network. This was a one and a half hour broadcast.

6. Hugh W. Brenneman, Lansing, gave a news commentary on the activity of the Michigan State Medical Society Annual Session. Broadcast over radio station WFUR, Grand Rapids, on Tuesday, September 23 at 4:00 p.m.

RADIO ROUND TABLE ON "PLANS AND PROJECTS OF THE MEDICAL PROFESSION" Broadcast over Radio Station KLAV, Grand Rapids, September 25 from the MSMS Hospitality Booth, Civic Auditorium, Grand Rapids.

From left to right: E. F. Sladek, M.D., Traverse City, President-Elect; J. S. DeTar, M.D., Milan, Speaker, House of Delegates; L. Fernald Foster, M.D., Bay City, Secretary; P. L. Ledwidge, M.D., Detroit, President; C. E. Umphrey, M.D., Detroit, Councilor, 1st District. With back to camera: Hugh W. Brenneman, Lansing, MSMS Public Relations Counsel.

Participating: E. I. Carr, M.D., President, Michigan Foundation for Medical and Health Education; R. L. Novy, M.D., President, Michigan Medical Service; Hardy A. Kemp, M.D., Dean, Wayne University College of Medicine; L. Fernald Foster, M.D., Secretary, Michigan State Medical Society; and Hugh W. Brenneman, Public Relations Counsel, Michigan State Medical Society.

2. Broadcast by Andrew C. Ivy, M.D., Chicago, Vice President, University of Illinois.

Interviewed by Hugh Brenneman over radio station WLAV, Grand Rapids, Tuesday, September 23.

Dr. Ivy spoke on "The Diagnosis of Jaundice from a Therapeutic Viewpoint." He also related his experiences as Medical Counsel to the Secretary of War and Witness at the Nurnberg war trials in Germany.

3. J. S. DeTar, M.D., Milan, Speaker, House of Delegates, was interviewed on Wednesday, September 24, over radio station WLAV, Grand Rapids, on "Medical Plan for Michigan."

4. Round-table interview on "Plans and Projects of the Medical Profession" over radio station WLAV, Grand Rapids, September 25. Broadcast from Hospitality Booth by Drs. C. E. Umphrey, P. L. Ledwidge, L. Fernald Foster, J. S. DeTar, E. F. Sladek. Hugh Brenneman interviewing.

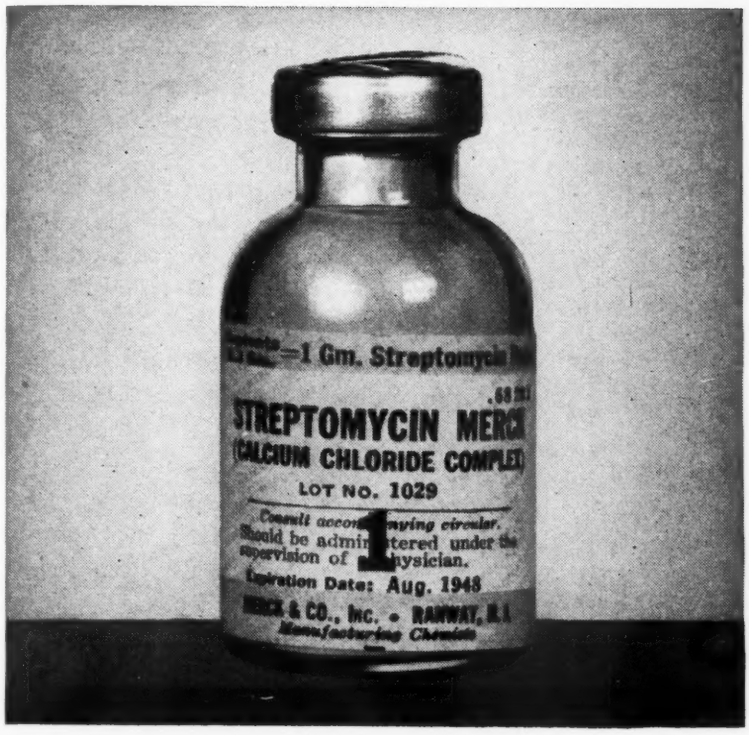
Time for these broadcasts was arranged at no expense to MSMS, through courtesy of radio stations WLAV, WFUR, Grand Rapids, and the Michigan Radio Network, to which stations and network the thanks of the Michigan State Medical Society are extended.

TALKS GIVEN

1. C. E. Umphrey, M.D., Detroit, Councilor First District, spoke before the Optimists Club on September 24 on "MSMS Activity and Plans for the Future in Developing the Health Interests of the People."

2. P. L. Ledwidge, M.D., Detroit, President of the Michigan State Medical Society addressed the Exchange Club September 22 on "Background, Purposes and Plans of MSMS."

3. The Medical Assistants Conference, Wednesday, September 24, was addressed by: L. Fernald Foster, M.D., Secretary, Michigan State Medical Society; J. D. Miller, M.D., Councilor, Fifth District, Michigan State Medical Society; Jay C. Ketchum, Executive Vice President, Michigan Medical Service, and Hugh Brenneman, Public Relations Counsel, Michigan State Medical Society.



Announcing

A

NEW

IMPROVED

FORM OF

STREPTOMYCIN

The development of Streptomycin Calcium Chloride Complex Merck constitutes an important advance in Streptomycin therapy. This improved form of Streptomycin provides these noteworthy advantages:

- **INCREASED PURITY**
- **MINIMUM PAIN ON INJECTION**
- **UNIFORM POTENCY**

STREPTOMYCIN
CALCIUM CHLORIDE COMPLEX
MERCK

MERCK & CO., Inc. *Manufacturing Chemists* RAHWAY, N. J.

In Canada: MERCK & CO., Ltd. Montreal, Que.

LITERATURE AVAILABLE ON REQUEST

MSMS Presents Awards for Outstanding Health Service

Charles F. Kettering and Michigan Society for Crippled Children Honored

The inauguration of the Michigan State Medical Society plan to recognize outstanding service in the cause of health by lay persons was made at the Society's 82nd Annual Session on Officers Night, September 24, when Charles F. Kettering and the Michigan Society for Crippled Children and Disabled Adults were presented with the MSMS Distinguished Health Service Award.

AWARD TO CHARLES F. KETTERING

The MSMS Distinguished Health Service Award being presented by William A. Hyland, M.D., Grand Rapids, MSMS president, to Dr. Charles F. Kettering, Detroit, in Grand Rapids, on September 24, 1947.

Dr. Kettering, Director of the General Motors Company and formerly its Director of Research, was recognized for his contributions in the fight against cancer, his inventions of many devices to aid in the detection and treatment of disease, and the establishment of the Kettering Institute for Cancer Research. The presentation was made by William A. Hyland, M.D., retiring president of the Michigan State Medical Society.

The work of the Michigan Society for Crippled Children and Disabled Adults has been well known for many years, serving as an example of close and intelligent co-operation between a lay health organization and the medical profession. For example, its tangible assistance has permitted the Michigan State Medical Society to implement its unique plan for setting up and operating under voluntary auspices the Rheumatic Fever Control Detection Centers which have already given great benefits to the people of Michigan, and which are serving as an example to be followed by other state medical societies.

Two men who have been outstanding in the field of health were also recognized by the Michigan State Medical Society: Mr. Emmet Richards of Alpena and Mr. Percy Angove of Detroit.

Emmet Richards, whose voice has long been felt as editor of the *Alpena News*, has spent many years in the field of child health. He is chairman of the Michigan Crippled Children Commission and president of the Michigan Society for Crippled Children and Disabled Adults, Inc.

AWARD TO MICHIGAN SOCIETY FOR CRIPPLED CHILDREN

William A. Hyland, M.D., president of Michigan State Medical Society, presenting the MSMS Award for Distinguished Health Service to the Michigan Society for Crippled Children and Disabled Adults through its executive director, Mr. Percy C. Angove, Detroit.

Mr. Percy Angove, Executive Director of the Michigan Society for Crippled Children and Disabled Adults, not only has been active in forwarding the work of his society but has also given his able assistance to the Michigan State Medical Society rheumatic fever control program as a member of the Rheumatic Fever Control Committee.

Both Mr. Richards and Mr. Angove were presented with the Health Service Award at the annual meeting of the Michigan Society for Crippled Children and Disabled Adults in Bay City on October 31.

rickets?
at this age!

Even in the 10 to 11 year age group, the incidence of rickets is reported to be high.* Protection throughout adolescence is essential—and youngsters gladly follow directions when the antirachitic tastes as good as White's Cod Liver Oil Concentrate Tablets. Each tablet provides as much vitamin A and D as one teaspoonful of cod liver oil.**

White's Cod Liver Oil Concentrate is wholly derived from time-proved cod liver oil itself. Potent, very palatable, most economical. Liquid, Tablet and Capsule forms.

White Laboratories, Inc., Newark, New Jersey.

*Bibliography on request
**U.S.P. Minimum Standards

QUALITY CONTROLLED FROM BASIC MATERIALS TO FINISHED PRODUCT

COUNCIL ACCEPTED

AMINOPHYLLINE B-M is manufactured from basic materials by an improved process developed in our own laboratories. Each lot is rigorously controlled to assure:

***Purity and Uniformity*—Each lot assays not less than 80 per cent anhydrous theophylline.**

***Stability*—AMINOPHYLLINE B-M is markedly resistant to deterioration.**

***Potency*—Activity is confirmed by controlled pharmacodynamic studies.**

***Effectiveness*—Established by clinical experience.**

The Barlow-Maney enteric coating* is a special formula. It protects the medication against the action of normal gastric juices, yet disintegrates readily in the intestinal environment. Thus, gastric irritation in sensitive patients is avoided.

AMINOPHYLLINE
BARLOW-MANEY

SUPPLIED: Plain and enteric-coated tablets of 0.2 Gm. (3 grains) and 0.1 Gm. (1½ grains); bottles of 100 and 1,000.

***Coated under license from the State University of Iowa Research Foundation, U. S. Pat. 2,373,763.**

BARLOW-MANEY LABORATORIES, INC.
CEDAR RAPIDS, IOWA

Our Products Can Be Secured Through:
F. L. Lane Co., 1441 Brooklyn Ave., Detroit, Mich.
White & White Pharmacy, 128 E. Fulton St., Grand Rapids, Mich.
Cadillac Medical Supply Co., Cadillac, Mich.
G. A. Shaffer, 1510 Alabama, Lafayette, Indiana

Awards of Merit

At the centennial session of the American Medical Association in Atlantic City, Mead Johnson & Co. sponsored an exhibit of the work of the Physicians' Art Association. Twenty-two Michigan doctors exhibited, and four received the Award of Merit.

The exhibitors were:

Gordon W. Balyeat, Grand Rapids—"Sick Call" (Photography)

Gerhard H. Bauer, Ann Arbor—"Junior College, Texas" (Water Color)

Wm. C. Behan, Lansing—"Rural Life in Cuba" (Oil)

*G. Clair Bishop, Almont—"Bois Blanc Beacon" (Photography)

Morris Braverman, Detroit—"Pensive" (Photography)

Philip W. Brown, Ypsilanti—"My Wife" (Oil)

George H. Cook, Ionia—"On the Ball" (Oil)

Esther H. Dale, Detroit—"Portrait of a Young Lady" (Photography)

R. J. Himmelberger, Lansing—"Cirencester Cathedral" (Photography)

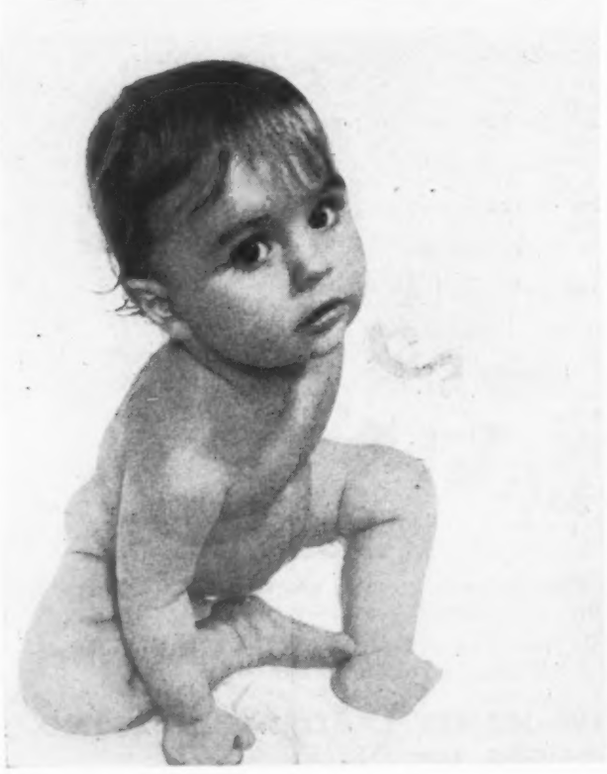
*John L. Isbister, Lansing—"Interrupted" (Photography)

William Kerr, Bay City—"Homemade Trout Rod" (Woodwork)

*Oliver W. Lohr, Saginaw—"Four Lambs" (New Mexico) (Photography)

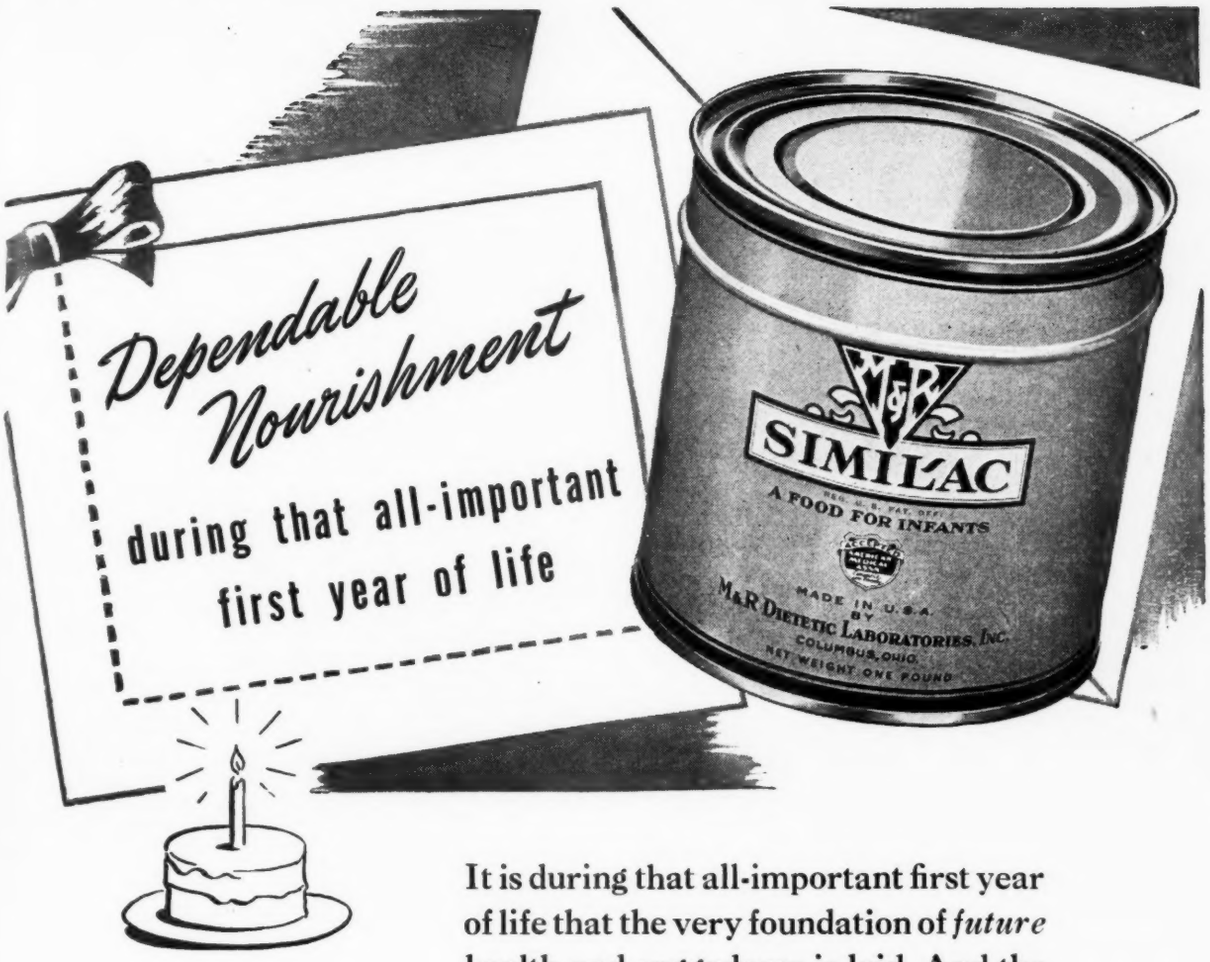
(Continued on Page 1244)

"Four Lambs"—*Lohr*



"Interrupted"—*Isbister*

"Bois Blanc Beacon"—*Bishop*



It is during that all-important first year of life that the very foundation of *future* health and ruggedness is laid. And the well nourished baby is, in most cases, more resistant to the common ills of infancy. Similac-fed infants are notably well nourished; for Similac provides fat, protein, carbohydrate and minerals, in forms that are physically and metabolically suited to the infant's requirements. Similac dependably nourishes the bottle-fed infant—*from birth until weaning.*

M & R DIETETIC LABORATORIES, INC. • COLUMBUS 16, OHIO

ACCEPTED AMERICAN MEDICAL ASSN Council on Foods and Nutrition

SIMILAC

Similar to breast milk

A powdered, modified milk product, especially prepared for infant feeding, made from tuberculin tested cow's milk (casein modified) from which part of the butter fat has been removed and to which has been added lactose, cocoanut oil, cocoa butter, corn oil, and olive oil. Each quart of normal dilution Similac contains approximately 400 U.S.P. units of Vitamin D and 2500 U.S.P. units of Vitamin A as a result of the addition of fish liver oil concentrate.

(Continued from Page 1242)

Vivian F. Lowell, Ypsilanti—"Dawn Brings No Solace" (Oil)

W. Bede Mitchell, Detroit—"Native Barber Shop, Batangas, P. I." (Charcoal)

Anderson Nettleship, Grosse Pointe Park—"Man and Horses" (Ceramic)

L. A. Constantine Oden, Muskegon—"Mr. Mikol" (Photography)

Herman Pincus, Monroe—"The Little Valley" (Photography)

Edward B. Singleton, Ann Arbor—"Cowhand" (Water Color)

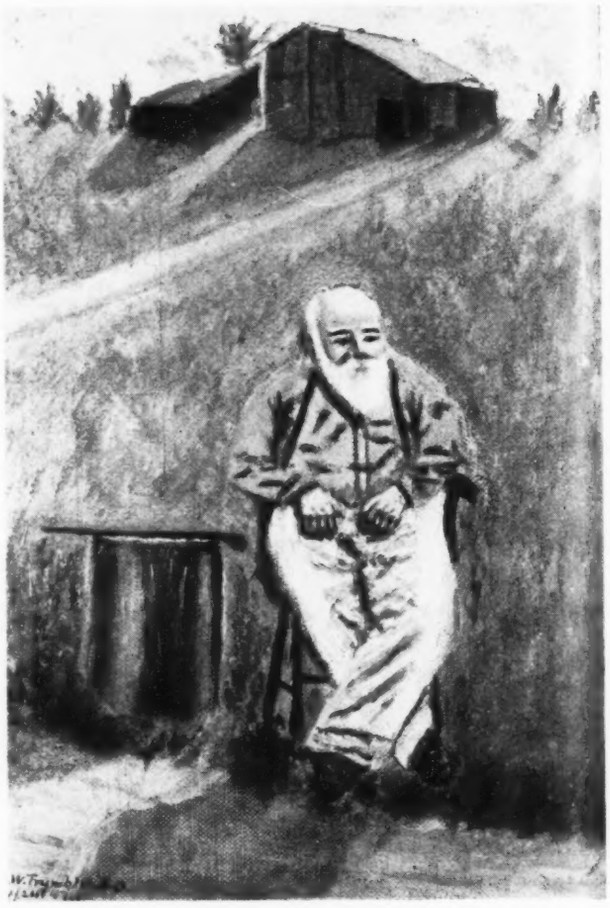
Richard E. Straith, Detroit—"Glory's Masque" (Wax Bas Relief)

Myer Teitelbaum, Detroit—"Javanese Woman" (Pencil Drawing)

*George W. Trumble, Detroit—"Sunset" (Oil)

O. R. Yoder, Ypsilanti—"Paalam" (Oil)

We congratulate our artists, and are reproducing those which won Awards of Merit. *These photographs are published with the kind permission of Mead, Johnson & Co., sponsors of the American Physicians' Art Association.*



"SUNSET"—*Trumble*

ANNUAL SESSION ECHOES

(Continued from Page 1236)

ment after his return to Rochester. All speakers on the Surgical Section told me they had been made to feel very welcome."

J. H. Lewis, M.D., Wyandotte, Chairman of Section on Pediatrics: "May I take this opportunity to congratulate you on the smoothly functioning machine which you operated so deftly to put on such a well-integrated program and worth-while scientific and commercial exhibits."

Frank Whitwam, Grand Rapids, Manager Grand Rapids Convention Bureau: "The MSMS convention is one of the highlights of the year."

Morton Hack, Detroit, Hack Shoe Company, Exhibitor: "Please accept the appreciation of the Hack Shoe Company for the excellent arrangements and careful planning of the recent convention of the Michigan State Medical Society at Grand Rapids."

Josephene Simpson, Chicago, National Dairy Council, Exhibitor: "The Michigan State Medical Society annual meeting is the very best management we have seen so far."

W. Alan Wright of Schering Corporation Division of Clinical Research: "I want to take this opportunity of complimenting you on the very fine way in which the Michigan State Medical Society convention was managed.

"We of Schering want you to know that we consider the arrangements from start to finish as very satisfactory from our standpoint. We had ample opportunity to present our products, to make new acquaintances and renew old ones, and to feel that it was very worth while for us to attend this convention.

"We know that it is only through your excellent management that we were able to profit so much from the meeting. Our sincere thanks to you."

Pitman-Moore Company by W. A. Butler, Indianapolis: "The 1947 gathering of the Michigan State Medical Society was typical of that which we have learned to expect from that body. Efficiently, yes, expertly managed, the registrants manifested genuine interest in the commercial exhibits. The meeting left nothing to be desired and our Company deems it a privilege to be with this fine group at their annual session.

"Looking forward to seeing you next year."

Brooks Appliance Company by M. C. Bentley, Chicago: "I want you to know that we appreciate very much the nice volume of contacts which we obtained from the Michigan State Medical Society meeting. It was very satisfactory and you may rest assured that we will be with you again next year and we hope for many years to come."

You and Your Business

AMERICAN COLLEGE OF SURGEONS

The thirty-third convocation of the American College of Surgeons was held in New York the second week of September, and on the final day, September 12, 1947, the following Michigan men were accepted into fellowship:

Robert J. Bannow.....Mount Clemens
John G. Beall .....Traverse City
Leonard L. Cowley .....Detroit
Robert H. Denham, Jr.....Ann Arbor
Kent A. Dewey .....Grand Rapids
Frank Doran .....Grand Rapids
Theodore S. Fandrich .....Detroit
Garth H. Harley .....Detroit
Henry J. Lange ..... Ann Arbor
Walter E. Larson.....Levering
Harold V. Longyear.....Detroit
Clyde S. W. Martin.....Port Huron
Harold E. Mayme.....Saginaw
Nathan D. Munro.....Jackson
Victor E. Nelson .....Detroit
Sheldon R. Newcomer .....Monroe
Eugene H. Quigley .....Dearborn
Bernard L. Rabold .....Detroit
Alven A. Reske .....Dearborn
James A. Rieden.....Detroit
Charles S. Robb .....Grand Rapids
Stanley J. Roman .....Detroit
Emil M. Roth .....Grand Rapids
Milton M. Rozan .....Lansing
Richard C. Schneider .....Ann Arbor
Richard H. Schug .....Detroit
John P. Sheldon .....Sturgis
James D. Sleight .....Battle Creek
Carleton A. Smith .....Pontiac
Russell H. Strange .....Mt. Pleasant
Sylvester W. Trythall .....Detroit
Jacob F. Wenzel .....Detroit
Kenneth A. Wood .....Detroit
Harold W. Woughter .....Flint

FIRST ANNUAL MICHIGAN RURAL HEALTH CONFERENCE

The First Annual Conference on Rural Health for Michigan was held in East Lansing, Michigan, on Michigan State College campus, September 18 and 19, with well over four hundered registered, and many more in attendance. The Conference, with H. B. Zemmer, M.D., of Lapeer as chairman, was sponsored by the Michigan State Medical Society and the following co-sponsors:

Michigan State College
Michigan Department of Public Instruction
Michigan Education Association
Michigan Foundation for Medical and Health Education
Michigan State Grange
Michigan State Dental Society
Michigan Mental Health Commission
Michigan Farm Bureau
Michigan State Social Welfare Commission
Wayne University College of Medicine
Michigan Department of Health
Ingham County Medical Society
Michigan Medical Service
Michigan State Nurses Association
Michigan Tuberculosis Association
Michigan Hospital Service
W. K. Kellogg Foundation
Michigan State Pharmaceutical Association
MSMS Women's Auxiliary
Michigan Hospital Association
Michigan Society for Crippled Children and Disabled Adults
American Cancer Society, Michigan Division
Michigan Crippled Children Commission
Michigan Farmer
Michigan Junior Farm Bureau
Michigan Health Council
Michigan Rural Teachers Association
Children's Fund of Michigan
Michigan Congress of Parents and Teachers

The Conference was a spontaneous success, had many enlightening and enthusiastic talks, one of which is reproduced in this issue, the address of J. S. DeTar, M.D., Milan, Speaker of the House of Delegates of the MSMS. This is a summary, and contains three resolutions adopted by the conference.

The meeting excited extreme interest throughout the state as was evidenced by the attention given it by the press. Three hundred and thirteen newspapers carried feature stories, news stories, editorials and pictures. Various national and state magazines devoted columns to reporting the activities. Radio stations in both rural and urban areas carried the speeches delivered at the Conference and news of the conclusions reached.

The meeting captured the attentive interest and participation of the farmers of Michigan.

The MSMS can well be proud of this venture, but with pride in its accomplishment must go a responsibility for leading a strong effort to carry out the projects recommended by the Conference and to keep on a continuing basis present interest in the development and provid-

(Continued on Page 1248)

THE FIRST MICHIGAN RURAL HEALTH CONFERENCE

(Continued from Page 1246)

ing of opportunities for better health in rural communities.

To be specific, the MSMS must:

1. Carry on an educational effort designed to stimulate and inform the people of Michigan regarding the needs which exist and the best means of meeting those needs. In itself this requires two actions:
   (a) The determination of needs by proper measurements.
   (b) Educational effort through ancillary groups, interested organizations and the various media of communication.
2. Implement the resolutions passed by the Conference among which is the arranging of a Second Rural Health Conference in 1948.
3. Organize a committee to plan a student's medical scholarship fund.
4. Set up a committee to plan and assist in the organization of local health councils in rural areas.
5. Take positive leadership in the development of the Hospital Construction Act passed at the last session of the legislature.

A challenge and an opportunity to the medical profession of Michigan exists as a result of the Rural Health Conference. We must not fail to accept the challenge or grasp the opportunity.

AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY

The next written examination (Part I) for all candidates will be held in various cities of the United States and Canada on Friday, February 6, 1948, at 2:00 p.m. Candidates who successfully complete the Part I examination proceed automatically to the Part II examination held later in the year.

A number of changes in Board regulations and requirements were put into effect at the last annual meeting of the Board held in Pittsburgh, Pennsylvania, June 1 to 7, 1947. Among these is the new ruling that the Board does not subscribe to any hospital or medical school rule that certification is to be required for medical appointments in ranks lower than Chief or Senior Staff of hospitals, or Associate Professorships in Schools of Medicine, for the obvious reason that such appointments constitute desirable specialist training. At this meeting the Board also ruled that credit for graduate courses in the basic sciences which involve laboratory and didactic teaching rather than clinical experience or opportunities will be given credit for the time spent up to a maximum period of not more than six months regardless of the duration of the course.

Applications are now being received for the 1948 examinations. Closing date for these applications will be November 1, 1947.

For further information and application blanks, address Paul Titus, M.D., Secretary, 1015 Highland Building, Pittsburgh 6, Pennsylvania.

ORGANIZATION SEMINARS

The first "Organization Seminar" sponsored by the Michigan State Medical Society was held in Berrien County, at the Four Flags Hotel in Niles, Michigan, on November 3. The Presidents and Secretaries of all county Medical Societies in the Fourth Councilor District, were present for a Round Table discussion of local, state, and national problems from 5:30 to 7:00 p.m., which was led by Councilor R. J. Hubbell, M.D., of Kalamazoo. MSMS President P. L. Ledwidge, M.D., Detroit, discussed "Modern Medical Organization," and MSMS Speaker J. S. DeTar, M.D., Milan, presented "Modern Medical Public Relations and Health Education."

This was followed by a dinner meeting of the Berrien County Medical Society at 7:00 p.m. Councilor Hubbell acted as Toastmaster and introduced the following speakers: MSMS President P. L. Ledwidge, M.D., Detroit, who spoke on "Big Problems Face the Medical Profession"; Secretary L. Fernald Foster, M.D., Bay City, "The Biggest Problems are Solved by Good Organization"; MSMS Speaker J. S. DeTar, M.D., Milan, "The Individual Doctor's Responsibility in Medical Public Relations and Health Education"; and Councilor J. D. Miller, M.D., Grand Rapids, who spoke on "The Beneficial Results of Co-ordination of State and County Medical Society Activities."

NEEDLESS DIPHTHERIA DEATHS

No matter how wonderful the discoveries of medical science, they are of no practical value unless applied. Neglect to make full use of preventive measures against diphtheria is proved by the fact that in 1946, there were 121 more deaths from this disease in the United States than in the record year of 1941. The *Journal of the American Medical Association* (Vol. 134, p. 1540) has gathered statistics from nearly a hundred cities of the deaths from diphtheria in 1946. Thirty-one municipalities had a perfect record. In ten more, the mortality was exclusively among nonresidents. Children who live in rural districts where immunization is not thorough are often taken to city hospitals if they become sick. Twenty-seven cities had no diphtheria or typhoid mortality in the year, seven others none of residents. Fourteen New England cities had four times as many diphtheria deaths as in the previous year. Boston had twenty-two, as against one each year in 1942 and 1943. It is clear that infants and preschool children should receive their protective treatments and protective boosters on entering school, and later in life when conditions indicate this is desirable.—*Good Health*, November, 1947.

FOOD SUPPLY

The people of the world are suffering today from a shortage of fats and oils. More than half a century ago, Dr. John Harvey Kellogg made an excellent suggestion, which if carried out would have added greatly to our food resources. It was to plant nut trees on both sides of every highway in the United States. If this had been done, the trees today would be bearing enough fruit to supply huge quantities of protein of the finest quality as well as excellent oils. While much valuable time has been lost, it is not too late to start such a tree-planting program now. This plan fits into the reforestation project on which we have embarked.—*Good Health*, November, 1947.

Michigan Foundation for Medical and Health Education, Inc.

Objectives

1. **Investigatory Action.**—The Michigan Foundation proposes to provide for necessary surveys in order that such information may be obtained, evaluated and distributed to those whose responsibility and interest are directly involved, whether it be the medical profession, kindred professions, civic leaders, or the general public.

2. **Scientific Research.**—The Michigan Foundation is set up to serve as a source of funds for research projects which it deems most likely to result in increased benefit to the health of the people. A further objective is to stimulate research in fields now neglected or underemphasized.

3. **Educational Support.**—The Michigan Foundation is set up to help worthy undergraduate students obtain sufficient funds to further their medical education. It proposes to assist in carrying out a postgraduate training program in the field of medicine and in related professions.

4. **Administrative Service.**—The Michigan Foundation is set up to offer a "Medical Trust" service, whereby money given for research or education in the cause of health is placed on a continuing basis in the specialized fields specified by the donor.

Doctor, your gift will more widely distribute medical care, give longer, healthier living, supply educational opportunity in the health fields or promote specific health projects for the benefit of all the people.

For copy of Foundation brochure "Leading in Learning," write President E. I. Carr, M.D., 2014 Olds Tower, Lansing 8, Michigan.

Michigan Foundation Pledge Card

Name .....

Office Add..... City.....

Res. Add. ..... City.....

I hereby pledge to the

MICHIGAN FOUNDATION FOR MEDICAL AND HEALTH EDUCATION
2020 Olds Tower, Lansing 8, Michigan, for the twelve-month period beginning December 1, 1947, the sum of

TOTAL PLEDGE	PAID HEREWITH	BALANCE DUE
$	$	$

My contribution is

Please Check Your Choice [√]

(1) In Cash ☐ to be paid in the total sum ☐ or in annual payments of $.....

or **(2) In War or Victory Bonds** ☐ to be paid in the total sum ☐ or in annual payments of $.....

or **(3) In Life Insurance** ☐

or **(4) As a Memorial** ☐ to the memory of:

.....

or **(5) In my Will** ☐

SIGNATURE .....

Doctor Altland Appointed Health Commissioner

J. K. Altland, M.D.

Dr. J. K. Altland became Commissioner of the Michigan Department of Health on September 22. Former Director of the Bureau of Local Health Services of the Department, Dr. Altland was appointed by Governor Kim Sigler to succeed Dr. William DeKleine, State Commissioner since 1944.

Born in White Pigeon, Michigan, Dr. Altland attended the University of Michigan School of Medicine and interned at St. Mary's hospital, Grand Rapids. He practiced in Lowell for eight years and then returned to the University of Michigan receiving his Masters Degree in Public Health in 1938. He spent one year of "internship" in public health administration with the Kellogg Foundation. He served as Director of the Grand Traverse County Health Department for two years. He became Director of the Barry County Health Department in 1940, and held that position for six years, one and a half of which were spent with the United States Coast Guard and the United States Public Health Service. He came to the Michigan Department of Health as Director of the Bureau of Local Health Services in April, 1946.

Dr. Altland has been a member, consecutively, of the Kent County Medical Society, the Grand Traverse-Leelanau-Benzie County Medical Society, member and secretary of the Barry County Medical Society, and member of the Ingham County Medical Society.

Michigan State Board of Registration in Medicine

At the annual meeting held in Lansing, Michigan, Tuesday, October 14, 1947, the Michigan State Board of Registration in Medicine adopted the following regulations with regard to postgraduate education and training in hospitals:

The Michigan State Board of Registration in Medicine may authorize hospitals approved by this Board, offering a satisfactory program of postgraduate education and training, to accept qualified postgraduate students for postgraduate education and supervised training under the direction of the hospital staff and specifically limited to said approved hospital.

Such postgraduate students must be graduates of Class "A" United States Medical Schools and must meet all the educational requirements of the Michigan Basic Science Law and the educational requirements of the Michigan State Board of Registration in Medicine for examination or reciprocal indorsement. Such postgraduate course of study may extend over a three-year period or less.

Before commencing such course of postgraduate education, said student shall apply for registration with the Michigan State Board of Registration in Medicine upon forms to be furnished by said Board. Before such application shall be filed with this Board the acceptance by the hospital of the applicant for postgraduate education and supervised training shall be indorsed thereon. Before commencing such a course of postgraduate education and supervised training, said student shall present to hospital medical director or superintendent proof that he has properly complied with all requirements of the Michigan State Board of Registration in Medicine as herein stated. A certificate authorizing the hospital to receive said students for such training shall be filed with the hospital when the application is approved by this Board.

Registration fee of $10 must accompany said student's application.

Each succeeding year said student shall renew registration and pay fee of $5 for same. Such annual registration must be made between January first and May first of each year. This certificate may be recalled and cancelled by this Board whenever said student has been proven guilty of grossly unprofessional or immoral conduct or has violated any rule of this Board.

Any hospital offering such postgraduate training to any person before the requirements herein prescribed are fulfilled, or after such certificate has been revoked, shall be suspended from the Board's list of hospitals approved for internship training and postgraduate education.

Editorial Comment

TERMINATION OF WAR

July 25, 1947, is a day to remember. Following a joint resolution by Congress, the President established July 25, 1947, as the official end of World War II for the purpose of defining periods of eligibility for certain Federal benefits.

The following are the most important effects of this proclamation:

Readjustment Allowance

To be eligible for the Readjustment Allowance under the provisions of the Servicemen's Readjustment Act of 1944, the veterans "must have served in the active military or naval service of the United States (or its Allies, according to Public Law 268) at any time after September 16, 1940, and prior to the termination of the war." The act further provides that payment will be made for unemployment which "occurs not later than two years after discharge or release or the termination of the war, whichever is the later date" and that "no Readjustment Allowance shall be payable for any week commencing more than five years after the termination of hostilities in the present war."

This means that since the war terminated on July 25, 1947, eligible veterans discharged on or before that date have until July 25, 1949, to receive the Readjustment Allowance. Eligible personnel still in service will have until two years of their discharge to apply for the Readjustment Allowance but no payment will be made for any week of unemployment beginning after July 25, 1952.

Education

Education and training benefits under the GI Bill provide, "that such course shall be initiated not later than four years after either the date of discharge or the termination of the present war, whichever is later: provided further that no such education or training shall be afforded beyond nine years after the termination of the present war." Public Law 16, as amended, imposes the same time limitation for the completion of vocational rehabilitation.

This means that education or training under the GI Bill or vocational rehabilitation under Public Law 16, as amended, must be completed on July 25, 1956. Under Public Law 346, education or training must be begun by July 25, 1951, but may be begun at any time under Public Law 16.

Loans

The Servicemen's Readjustment Act states that: "any loan made by such veteran within ten years after the termination of the war . . . is automatically guaranteed by the Government . . ."

The termination of the war means that the 10-year period within which veterans must apply for a loan guarantee under Public Law 346 will expire on July 25, 1957.—Editorial, *Connecticut State Medical Journal*, September, 1947.

STOP—LOOK—LISTEN

STOP telling the patient there is nothing wrong with him but nerves—Don't say: Go home and forget it.

LOOK for the facts as the patient sees them.

LISTEN attentively to patient's story.

* * *

Few people are hurt by overwork. More are injured by what they do and by what they think when they are not working.

* * *

The patient who is always tired is more liable to be suffering from emotional fatigue than from anemia or avitaminosis.

* * *

The most valuable thing in the treatment of a nervous, emotionally disturbed patient is to have security—not to the point of too great dependency.

* * *

You can't treat the emotional problems in your own family.

SOCIALIZED MEDICINE

"Nothing was ever conceived or devised which would more effectively reduce the medical profession to dependence on the government and tie state and local agencies to the wheels of the federal government. It is a threat which deserves far more public attention than it has yet been receiving."—RAYMOND MOLEY, *Chicago Journal of Commerce*, July 9, 1947.

PRIVINE

(brand of naphazoline) Trade Mark Reg. U. S. Pat. Off.

PROMPT, LONG-LASTING VASOCONSTRICTION

Privine hydrochloride promptly shrinks congested nasal mucous membranes, inducing vasoconstriction which lasts for several hours. Only three drops in each nostril t.i.d. are usually sufficient. Other important qualities which have gained for Privine its prominent position in the field of nasal therapy are: pH of 6.2 to 6.3; aqueous, isotonic solution; non-injurious to nasal mucous membrane; minimal side reactions. Furnished as solution in dilutions of 0.05 and 0.1 per cent, and as jelly in 0.05 per cent concentration.

Accepted for inclusion in 

New and Non-Official Remedies

CIBA PHARMACEUTICAL PRODUCTS, INC.
SUMMIT, NEW JERSEY

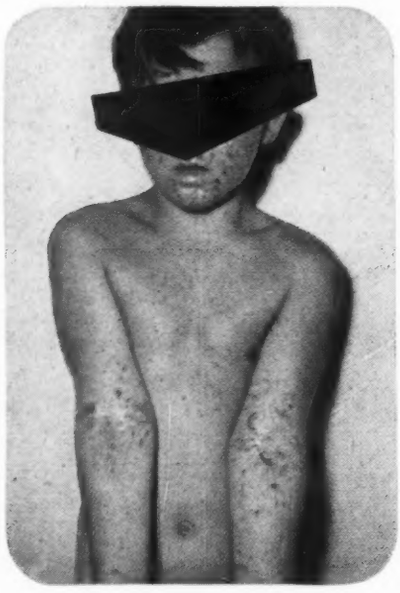
3/1217

PYRIBENZAMINE

(brand of tripelennamine) Trade Mark Reg. U. S. Pat. Off.

NOW READILY AVAILABLE

Whenever antihistaminics



are indicated

Atopic dermatitis—flexural eczema. Pyribenzamine relieves itching in acute and chronic eczema in a substantial number of cases.

In its comparatively low frequency of side reactions, permitting large doses where needed, Pyribenzamine hydrochloride offers important therapeutic advantages whenever antihistaminic medication is indicated. This new product of Ciba research is characterized by its capacity to counteract many of the effects of histamine. It prevents and controls certain allergic manifestations believed to be caused wholly or in part by release of histamine. Its action is palliative, not curative.

In the suggested list of indications below, Pyribenzamine has been used advantageously by many clinical investigators.

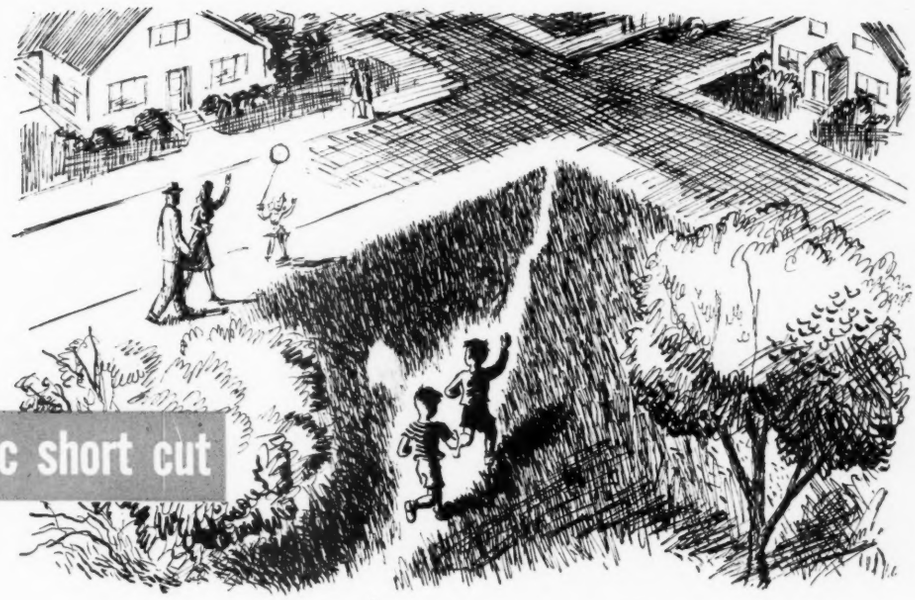
Chronic Urticaria • Acute Urticaria • Dermographism • Angioneurotic Edema
Hay Fever • Vasomotor Rhinitis • Atopic Dermatitis • Serum Reactions • Asthma
Urticarial Food and Drug Reactions

TABLETS: 50 mg., scored for divided dosage. Bottles of 50 and 500.
ELIXIR: 20 mg. per 4 cc. (teaspoonful). Sweetened and flavored. Pints.

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

CIBA PHARMACEUTICAL PRODUCTS, INC.

SUMMIT, NEW JERSEY



"...physiologic short cut

... sparing the need for digestion and absorption in the gastro-intestinal tract."[1]

"(Parenteral) Amino acids find their greatest usefulness preoperatively and postoperatively in the treatment of patients with gastrointestinal disease."[2]

"Complete parenteral feeding has the advantage of producing complete gastrointestinal rest, equal if not superior to that induced by morphine."[3]

Parenamine

PARENTERAL AMINO ACIDS STEARNS

FOR PROTEIN DEFICIENCY

PARENAMINE is a 15 per cent sterile solution of all the amino acids known to be essential for humans, derived by acid hydrolysis from casein and fortified with *dl*-tryptophane.

PARENTERALLY ADMINISTERED, Parenamine replenishes depleted protein reserves, compensates for the increased loss of nitrogen which accompanies surgical trauma,[3, 4] restores and maintains positive nitrogen balance while resting the gastro-intestinal tract, prevents gastro-intestinal edema, enhances wound healing and shortens convalescence.

FOR USE alone or as a supplement to high protein diets and/or tube feedings to provide the nitrogen essential for normal cell function and tissue repair. *Particularly indicated* in pre- and postoperative management, gastro-intestinal obstruction, extensive burns, etc.

ADMINISTER diluted with three or four parts of 5 per cent dextrose or sterile, pyrogen-free distilled water, isotonic saline, or Ringer's solution.

SUPPLIED AS Solution 15% in 100 cc. rubber-capped bottles.

1. Editorial: J. A. M. A. 121:346, 1943
2. Nadal, J. W.: Northwest Med. 46:444, 1947
3. Sprinz, H., M. Clin. North America 30: 363, 1946
4. Brunschwig, A., Clark, D. E., and Corbin, N.: Mil. Surgeon 92:413, 1943

Trade-Mark *Parenamine* Reg. U. S. Pat. Off.

Frederick Stearns & Company Division DETROIT 31, MICHIGAN

No. 208 in the "See Your Doctor" series

. . . published in behalf of the medical profession

To an audience of over 23 million people, in LIFE and other national magazines, Parke-Davis presents the message shown below.

A reproduction in full color will be sent on request. Write to Parke, Davis & Company, Detroit 32, Michigan.

Some things you should know about **your family doctor**

No. 208 in a series of messages from Parke, Davis & Co. on the importance of prompt and proper medical care.

IF YOUR family doctor were asked to value his own services, he would probably pass over the number of lives he saves in times of crisis.

He would be likely to think first of the day-to-day help he gives to the hundreds of people who look to him as a medical advisor and friend.

For your family doctor—and every family doctor—is primarily concerned with *people*. He knows each of his patients as an individual human being, whose physical make-up and reactions, whose personal problems are never quite like anyone else's.

Following you through the years, he gains a unique understanding of you as a person.

He knows whether you have, normally, a fast pulse or a slow one; whether you run a high temperature on slight provocation, or only in serious illness.

He knows what strains your job places on you; what your past problems have been; what to look out for as a danger signal in the future.

This knowledge, which deepens every time he sees you, serves him well when you are ill. For he can judge the importance of your symptoms against the background of your individual history.

With this knowledge he can also help you *avoid* many kinds of illness. By detecting and taking care of minor ailments early, he can often keep them from becoming serious.

By his years of training and experience, and his continuing study of advances in medical science, your family doctor is qualified to deal with the many and varied medical problems that arise in his daily practice.

Give him your complete confidence at all times and follow his recommendations.

Should he suggest a consultation with a fellow physician, or advise you to go to the hospital, you can be sure that such advice is based on his broad general knowledge of medicine plus his familiarity with your particular case.

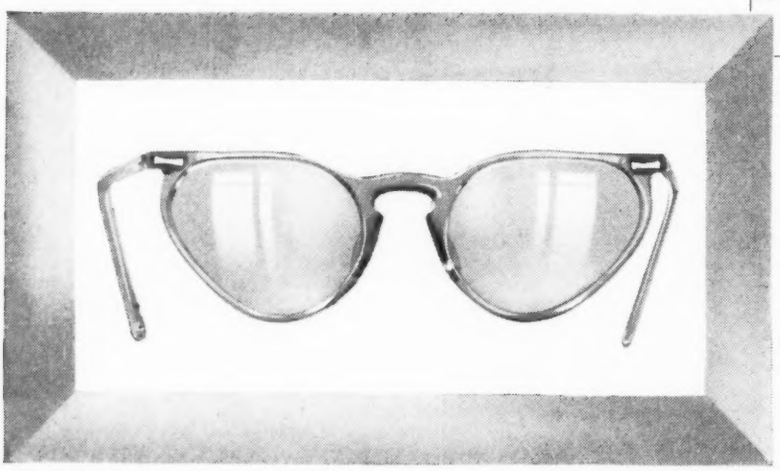
SEE YOUR DOCTOR. Make him a part of your family's life. His continuing supervision is your best guarantee that your children will grow up well and strong, and that you will live a long and healthy life.

And through the years, turn to him whenever you are troubled by a problem concerning your health. His wisdom and friendly understanding make him the best counselor anyone could hope to find.

Makers of medicines prescribed by physicians

PARKE, DAVIS & CO.

Research and Manufacturing Laboratories, Detroit 32, Mich.



Glencoe Zylonite
Fantashape Lenses
Skull Temples.

DOCTOR . . . . IT TAKES LIFETIMES . . . . . TO LEARN

the skills, to have the ability, to know the ways to fabricate lenses and mountings to satisfy completely . . . . . you AND your patients.

Peace of mind . . . . . what's *that?*

Did you ever think of it as something that you can buy? Did you *know* that we *sell* it at *Uhlemann's?*

We'd sell it to *you*, Doctor . . . in the *character* of the glasses that we'd make for your patients!

Will you buy? Will you *lean* on us? Will you use our skills, the abilities, the certainties that could *only* come from lifetimes of intent to fabricate glasses *better than that need be done?*

Lean on us because all of your future, all of your income, all of the beliefs you seek, all of the fame you'd ask . . . . *these* hang precariously on the complete satisfaction (by your patients) of your prescriptions . . . prescriptions that other people fill or fabricate for you.

Make certain and have no doubts that your patients will be thrilled with their new and better vision; make certain that they are proud and satisfied with their smarter, comely, natural appearance in glasses; make certain, too, that their glasses fit them comfortably.

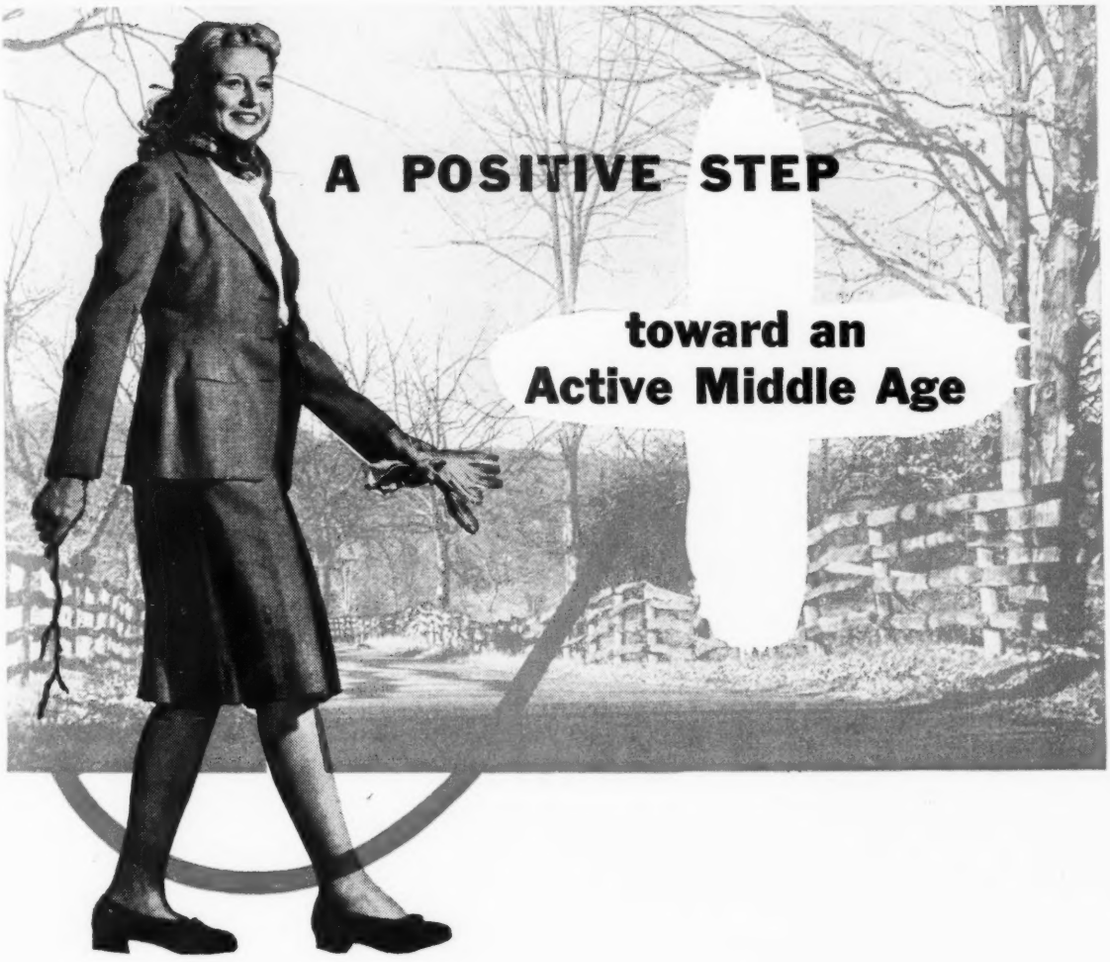
Lean on us at Uhlemann's . . . and find peace of mind . . . . that your fame may grow, satisfyingly.

UHLEMANN OPTICAL COMPANY

Exclusive Opticians for Eye-Physicians

PITTSFIELD BUILDING • CHICAGO 2, ILLINOIS, CENTRAL 6027
ALSO IN • EVANSTON • OAK PARK • ROCKFORD • ELGIN • DETROIT
TOLEDO • SPRINGFIELD • APPLETON
DAYTON • KANKAKEE

ESTABLISHED 1907



Outstanding clinical endocrinologists, both here and abroad, have commented on the brighter mental outlook displayed by women receiving "Premarin." Not only does "Premarin" impart a feeling of "well-being" but it offers many other advantages as well.

It is orally active.
It is well tolerated.
It is promptly effective in controlling the menopausal syndrome.

"Premarin" is supplied in three potencies—tablets of 2.5 mg , 1.25 mg. and 0.625 mg. It is also available in liquid form containing 0.625 mg. in each 4 cc. (1 teaspoonful).

While sodium estrone sulfate is the principal estrogen in "Premarin," other equine estrogens . . . estradiol, equilin, equilenin, hippulin . . . are also present in varying small amounts, probably as water-soluble sulfates. The water solubility of conjugated estrogens (equine) permits rapid absorption from the gastrointestinal tract.

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

Ayerst

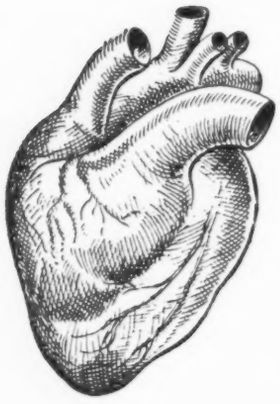
CONJUGATED ESTROGENS
(equine)

"Premarin"®

AYERST, McKENNA & HARRISON Limited

22 EAST 40th STREET • NEW YORK 16, N. Y.

For oral use 0.2 mg. tablets—vials of 30, bottles of 100 and 500; 0.1 mg. tablets—bottles of 100 and 500 • For intravenous injection: 1 cc. ampuls, 0.2 mg.



Purodigin has these advantages:

PRECISE DOSAGE: Purodigin (Digitoxin Wyeth) is absolutely uniform . . . standardized by weight, prescribed by weight.

LACK OF IRRITATION: Purodigin is concentrated—dosage is only *one thousandth* that of digitalis leaf. Nausea is rare.

ABSORPTION of Purodigin is virtually complete. Almost no irritating residue is left in the digestive tract.

SUSTAINED ACTION: Purodigin remains in the body as long as digitalis.

Try Purodigin—especially for those patients who do not easily tolerate digitalis leaf. Without interrupting treatment, simply prescribe 0.1-0.2 *milligram* Purodigin in place of 0.1-0.2 *gram* digitalis.

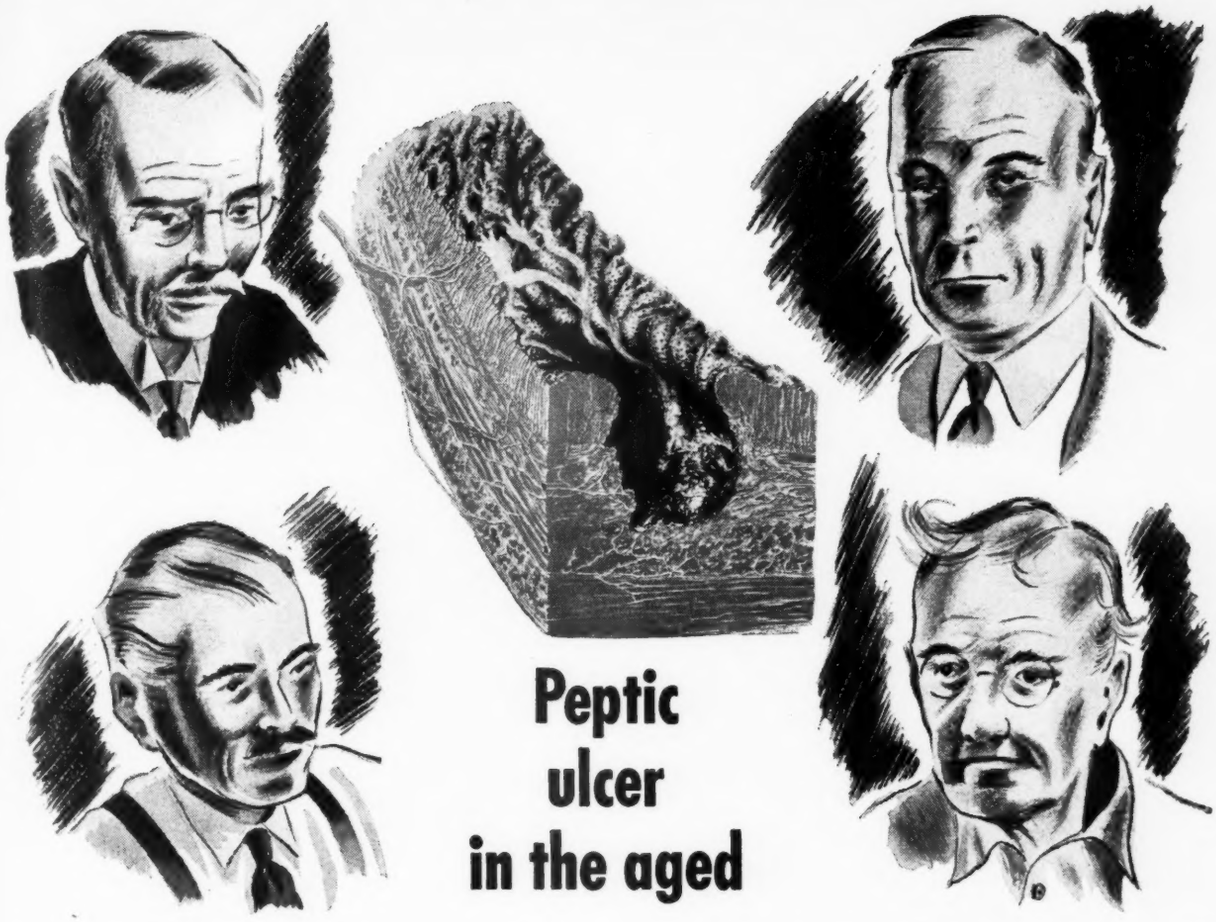
PURODIGIN®

CRYSTALLINE DIGITOXIN

Wyeth®

WYETH INCORPORATED • PHILADELPHIA 3, PA.

1268



Peptic ulcer in the aged

Recent statistics indicate that more than 10 per cent of all peptic ulcers occur in persons past the age of 60. Except for a greater tendency to bleed, ulcers in the aged are no different from those in younger persons and require essentially the same therapeutic program of rest, diet and acid neutralization.

Creamalin, the *first* aluminum hydroxide gel, readily and safely produces sustained reduction in gastric acidity. With Creamalin there is no compensatory reaction by the gastric mucosa, no acid "rebound," and no risk of alkalosis. Through the formation of a protective coating and a mild astringent effect, nonabsorbable Creamalin soothes the irritated gastric mucosa. Thus it rapidly relieves gastric pain and heartburn, and helps in the healing of peptic ulcers as well as in the prevention of a recurrence.

Creamalin®

***First* Brand of Aluminum Hydroxide Gel**

Supplied in 8 fl. oz., 12 fl. oz. and 16 fl. oz. bottles

Winthrop-Stearns INC.

NEW YORK 13, N. Y. WINDSOR, ONT.

The businesses formerly conducted by Winthrop Chemical Co., Inc. and Frederick Stearns & Co. are now owned by Winthrop-Stearns Inc.

MEAT

And Protein Deficiency

While protein deficiencies per se are difficult to recognize in their incipiency, conditions which lead to negative nitrogen balance are well known. The presence of any of the following states which characteristically exert an adverse influence on nitrogen balance, calls for immediate measures to prevent serious protein depletion:

1. Diseases of the digestive organs, which impair proper digestion and absorption.
2. Wasting diseases, infections and thyrotoxicosis, which increase protein breakdown and need far above normal levels.
3. Hemorrhage, burns, and chronic exudative processes, causing excessive loss of protein.

A high protein diet, whenever possible, is considered to be the most effective method of protein administration in the prevention and correction of protein deficiencies.

Meat, which readily is eaten two or more times daily, is an excellent component of the high protein diet. Meat is an outstanding source of protein for the following reasons. The protein of meat is biologically complete, capable of satisfying the body's protein needs. The percentage of protein contained in meat makes it one of man's most important protein foods. And, all meat is highly digestible—96 to 98 per cent—an important consideration especially in the presence of disease.

The Seal of Acceptance denotes that the nutritional statements made in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.

ACCEPTED COUNCIL ON FOODS AND NUTRITION AMERICAN MEDICAL ASSOCIATION

AMERICAN MEAT INSTITUTE

MAIN OFFICE, CHICAGO . . . MEMBERS THROUGHOUT THE UNITED STATES

Dependable, TIME-TRIED

CHARACTERIZED by high therapeutic index, moderate duration of action, and a relatively wide margin of safety, 'Sodium Amytal' (Sodium Iso-amyl Ethyl Barbiturate, Lilly) is an excellent, time-tried barbituric acid product. It is of definite value in all fields of medicine, including surgery and obstetrics. 'Sodium Amytal' is supplied in a large variety of dosage forms and is available on prescription at leading drug stores everywhere.

ELI LILLY AND COMPANY

INDIANAPOLIS 6, INDIANA, U. S. A.

Illustration by Harold Anderson

Clean Food Merchant

THE FIFTIETH ANNIVERSARY of certified milk passed unnoticed a few years ago. Although certification has been largely replaced by pasteurization, it was nevertheless an important beginning in the milk purification program. History reveals that during this period, outbreaks of human disease resulting from either certified or pasteurized milk have been extremely rare. To the medical profession goes much of the credit for the development and supervision of milk sanitation through local medical milk commissions.

Fifty-three years ago the Lilly Policy was established. It provides that only products of the highest quality and unvarying potency be produced; that the company shall contribute to the progress of medicine by developing new and superior agents through research; and that information about the uses of the products of Eli Lilly and Company be issued through professional channels exclusively. Since the adoption of the Lilly Policy, the company has been managed strictly in accordance with its provisions.

The JOURNAL

of the Michigan State Medical Society

Issued Monthly Under the Direction of the Council

VOLUME 46 NOVEMBER, 1947 NUMBER 11

Michigan Rural Health Conference

By J. S. DeTar, M.D.
Milan, Michigan

THE UNDERLYING objective in calling together so many leaders in farm and medical circles into this rural health conference, was to afford an opportunity for the consumers of medical service, the rural people, and the producers of medical service, the doctors, nurses, and hospitals, to express freely their views and their problems; to discuss together the possible solutions of those problems, and to chart, if possible, a course of action which may aid in their solution.

Several hundred people have gathered from all over the State of Michigan here in East Lansing. For two days we have listened to eminent authorities describe to us the nature of the problem of supplying better medical service to our rural people. We have discussed at length the facts presented, and we have reached some conclusions.

To say merely that a conference such as we have held during the past two days is beneficial is an understatement. It cannot help being of value. The mere discussion of the problems of rural health, the mere bringing out into the open of divergent opinions is bound to be provocative of some good. However, too many conferences on too many subjects in too many places result in words, just words, with no action.

Address given at the Rural Health Conference held at East Lansing, September 18, 19, 1947.

This is our first Michigan rural health conference. There must be more to follow. We cannot solve all our problems in a year. We have been seeking facts, and attempting to determine the character of the needs. Studies already under way will continue. Of the many factors about which we have heard during the conference, I should like to cite five which impress me as being particularly important.

First.—The Commission on Health Care of the Michigan State Medical Society described by Dr. Ralph Pino of Detroit will continue its work in attempting to determine the segment of medical practice which is being serviced by each of the medical associates groups: nurses, laboratory technicians, physical therapists, medical photographers, psychologists, optometrists, and a host of others. This Commission is doing investigatory work, ground work. The recommendations of the Commission at the conclusion of its work may have profound and far-reaching effects on rural medical service, on the co-ordination of all types of medical services, with resultant improvement in quality and distribution of service in rural areas.

Second.—The investigation of the exact medical needs of rural areas in Michigan, described to us by Dr. Charles P. Loomis, and now being carried on under the supervision of the Department of Sociology of Michigan State College, will take time. Much work remains to be done. This work may take two or three years to complete. The findings may well surprise us. They may alter our course of action in our effort to improve rural health care.

Third.—The construction of small hospitals in rural areas, under the Hospital Construction Act,

and the establishment of health centers, as described to us by Dr. Emory W. Morris of Battle Creek, may alter the pattern of rural medical care markedly in the next five years.

Fourth.—The extension of hospital insurance and medical and surgical insurance into the rural areas, as described to us by Dr. Robert L. Novy of Detroit, may surprise even the proponents of the voluntary system of prepaid insurance, and confound its critics.

Fifth.—The recognition by the AMA, by the MSMS, and by the medical schools of the need for more general practitioners, and better trained general practitioners, and the growth of the newly formed American Academy of General Practice, a program of general practice, are certain to influence medical students to train for general practice where the field is open, rather than for specialties in the large cities where the field is more crowded. Thus, rural medical care will benefit.

The point I am making is simply this: with all these investigations to determine need, with all this hospital construction, with all this emphasis on the need for general practitioners and rural practitioners, the whole problem is certain to be in a state of flux, of change, for the next few years.

This rural health conference cannot determine and outline a policy ten years ahead, or even for the next three years. But we can provide for the continuation of the good work started here. This brings me to the first plank in the platform for action: Namely, *that we here today do authorize the sponsor and co-sponsors of this conference to set up a permanent committee to arrange for a second rural health conference,* to be held in 1948.

Second is the question of medical scholarships for rural students. Dr. W. H. Huron reported Dr. A. C. Furstenberg's opinion in favor. This idea is not new, but it is not in operation in Michigan. The theory underlying the provision of scholarships to rural youth for education in medical schools is that rural students are more likely to return to rural areas, that their background has equipped them to enjoy rural living, and that at least a fair percentage will remain in rural areas. Other states are far in the lead of Michigan in foreseeing the benefits of scholarships for rural medical students.

Virginia has had four scholarships for many years. The legislature this year increased the number to twenty. The recipients agree to practice in rural areas on completion of internship.

In Illinois, the medical society has proposed to the legislature that a fund of $50,000 per year for ten years be set aside for scholarships to aid in relieving the rural physician shortage. Their plan includes loans to students from rural families, and the loans must be repaid. It also includes the agreement that each student will practice in a community of less than 10,000 population until the loan is repaid.

Alabama has over 500 premedical students competing for the $400 a year scholarship awarded in each of the sixty-five counties of the state.

The doctors of Indiana are financing six $500 a year scholarships.

In Kentucky, the doctors launched a campaign last fall for $100,000 for a loan fund, and by May 8 of this year the fund had reached $150,000.

Mississippi has had the most ambitious plan of all. Last year the legislature appropriated $300,000 for such scholarships. The people of Mississippi KNEW that scholarships brought doctors into rural areas, because they had already completed an experimential trial which brought twenty-three young doctors back to the state after training in other states. Mississippi now has eighty-six students attending fifteen medical schools, all on scholarship loans, with committments to return to rural Mississippi to practice. Their loans will become paid automatically by five years of rural practice. Applications for these scholarships in Mississippi came from 120 towns in seventy-four of the eighty-two counties, over 250 of them.

South Carolina has fourteen scholarships, and Virginia has twenty.

It certainly seems that the great State of Michigan, leader in voluntary health insurance, leader in so many fields, should not lag in the provision of better facilities to her rural areas. The need is here, the money is here. All that is needed is a program for action. And we, in this room, can initiate such action.

In Michigan we have an organization called the Michigan Foundation for Medical and Health Education. It was organized by the doctors of Michigan, who have given $116,000 to start a fund which we hope will grow to $5,000,000. The Foundation could well administer the details of scholarship awards, or at least could provide a focal point for the start of a campaign. We here in this room can decide—today—on a policy which

will lead to the provision of scholarships for medical education of boys and girls of our rural areas, and for scholarships to enable medical students to finish training—such scholarships to be contingent upon rural practice after internship. The experimental period is passed. Other states have used the method. It has proved successful. It simply remains for those who are most interested in rural health to take the initiative. Therefore, I propose as the second plank in the platform of action *that this conference authorize the sponsor and the co-sponsors of this conference to set up a committee to investigate, to plan and organize a students' medical scholarship fund.*

Third is the extension of rural enrollment in hospital and medical prepaid insurance plans. We have heard much of the need for reduction in the costs of medical care for rural people, and at the same time, much of the need for improvement in the quality and quantity of medical care. Without application of the insurance principle of spreading the high costs among large numbers of people, this would be very difficult.

A good start has been made. Michigan Medical Service now insures 927,000 people in Michigan. Michigan Hospital Service now insures 1,221,000 people in Michigan. These are large numbers. However, we heard Dr. Novy tell us this morning, rural enrollment has lagged. Only 29,000 of the million are enrolled through their Granges and Farm Bureaus. This does not mean that rural people cannot and will not expend funds for that insurance, but it means that proper and adequate education and facilities have not been provided for rural enrollment. Present indications, however, are encouraging. The Farm Bureau is backing an effort to enroll the Co-Ops, with payment of subscription fees by deduction from produce checks. During March of this year, Farm Bureau enrollment accounted for 23 per cent of the hospital insurance written, and 17 per cent of the surgical insurance written in Michigan by the Blue Cross. Progress this year is good, but other states have done much better. In the State of Iowa, for example, County Health Councils have been set up for the express purpose of organizing groups which will be eligible for Blue Cross Membership. In that state, which is 55 per cent rural, sixty-nine counties have been organized, and 25 per cent of the 400,000 subscribers to Blue Cross are in rural areas. If it can be done in Iowa, it can be done in Michigan.

I believe it can be done by the sponsor and co-sponsors of this conference. Rural people, more than any other group of the population, are individualists who prefer to run their own business in preference to turning it over to the government to run for them. It is my belief that tens of thousands of Michigan rural people will express preference for voluntary medical and hospital insurance of the Blue Cross type when they learn that it is available to them, and that these same people will oppose a government-dominated politically controlled compulsory insurance plan such as that proposed by Wagner, Murray and Dingell. And, incidentally, not all communities are asking for Federal funds for their hospital construction, not wishing government dictation. Durand, for example, is planning a $200,000 addition without Federal funds. The Blue Cross organizations of this state are cognizant of the desirability and necessity of increasing their rural enrollment.

The Blue Cross organizations are willing to go into any community in the state which is organized for the purpose, and to conduct a community membership drive which will enable every person under sixty-five in the community to have hospital and surgical insurance. Next month, October, will see the first of these rural enrollment campaigns in action, in the City of St. Johns. Any village or any city in the state may follow suit, if the public, the doctors, and the hospitals in the area will back the campaign. And it isn't so difficult.

There exists in almost every community in the state some type of health committee or organization devoted to better health of the people. In some communities there are many overlapping committees. The formation of local health councils consisting of representatives of all interested organizations, and co-ordinated by a State Health Council, could do much to further the education of rural people on the advantages of prepaid medical and hospital insurance. Such a state-wide organization could co-ordinate and standardize and assist in the solving of health problems the state over. We should be far out ahead of the rank and file. We can be. This leads me to third plank in the platform of action. I propose that *this conference authorize the sponsor and the co-sponsors to set up a committee to plan and assist in the organization of local health councils in rural areas,* under the leadership of the Michigan Health Council, for the purpose of assisting, co-ordinating and imple-

(Continued on next page)

Widespread Metastatic Carcinoma

Case Study

By Louis L. Kazdan, M.S., M.D.

Detroit, Michigan

THIS CASE illustrates the clinical course of widespread metastatic carcinoma in a patient receiving diethylstilbestrol. Interest in this case lies in the fact that the primary source of this malignancy was unknown but because of the favorable response to diethylstilbestrol, along with circumstantial evidence on roentgenography, it is presumed that the prostate gland was the offending source.

Mr. E.S., a sixty-nine-year-old white man was admitted to the medical service of the Grace Hospital in Detroit on December 3, 1946, complaining of severe pain between the shoulders, left chest and right lower abdomen accompanied by a marked loss of weight. He indicated that the above symptoms became gradually apparent several months previously, but prior to that time he considered his general health to be quite good.

Upon hospitalization, the patient appeared chronically ill and markedly emaciated, his weight then being 95 pounds. Temperature, pulse and respiration were 97.6°, 120 and 20, respectively. Marked pallor of the skin was evident. No lymphadenopathy was detected. The tones of his already tachycardiac heart were of poor quality, and bilateral basal râles were audible within the lungs. Examination of the abdomen revealed some gaseous distension and considerable tenderness in the right lower quadrant. The liver edge was palpated two fingerbreadths beneath the right costal margin. No other abdominal masses could be detected. Rectal palpation of the prostate gland revealed no abnormalities, the lobes being small, fibrotic and symmetrical.

A gastrointestinal series was taken to rule out this system as the possible primary source of malignancy. It was then that incidental "osteoplastic metastatic (? prostatic) lesions were observed scattered throughout the skeletal structures of the chest." The gastrointestinal tract itself was negative.

Laboratory studies on admission revealed the following results: hemoglobin 7.5 gm. or 45 per cent, red blood cells 2,130,000, white blood cells 4,100, with a differential count of polymorphonuclears 57 per cent (filamented 54 per cent, nonfilamented 3 per cent), eosinophiles 11 per cent, lymphocytes 30 per cent, monocytes 2 per cent. Marked hypochromia was apparent. A 1+ albumin was the only positive urinary finding. In view of the hopeless widespread metastatic lesions and severe malnutrition, further laboratory studies were not undertaken. The patient was given 500 c.c. of whole blood and narcotized with 75 mg. of demerol to help relieve his immediate discomfort, and was discharged to continue with home care. He was prescribed to take liver, iron and vitamin B complex along with an empirical dosage of 2 mg. of diethylstilbestrol daily.

The patient was re-examined on March 5, 1947, and the skeletal changes previously described still persisted. "No demonstrable neoplastic infiltrations were present in the lung fields." The hematological picture was markedly improved and the following results were reported: hemoglobin 12 gm. or 72 per cent, red blood cells 3,580,000, white blood cells 8,100, with a differential count of polymorphonuclears 80 per cent (filamented 78 per cent, nonfilamented 2 per cent), eosinophiles 1 per cent, lymphocytes 14 per cent, monocytes 4 per cent, basophiles 1 per cent. The red blood cells appeared normal.

By April 21, 1947, the patient's weight had risen to 134 pounds, and the symptoms of which he had severely complained had long since totally disappeared.

MSMS

MICHIGAN RURAL HEALTH CONFERENCE

(Continued from preceding page)

menting all programs contributing to the health of the people.

These three propositions, then, I leave with you as a plan of action—a platform which is small but definite, composed of only three planks, but still a beginning. To recapitulate, I propose that we authorize the sponsor and co-sponsors of this conference to do three things:

1. Set up a committee to arrange for a second rural health conference in 1948, and to assume the responsiibility of implementing the resolutions already passed by this conference.

2. Set up a committee to investigate, plan and organize a students' medical scholarship fund.

3. Set up a committee to plan and assist in the organization of local health councils in rural areas.

If this conference can close with a program, a specific program, a program which will lead to action and not mere words, a program which will carry the spirit of these meetings into the realm of constructive activity, then we shall have accomplished something—something for the health of the people of rural Michigan.

(The conference adopted the three proposals. EDITOR.)

Prolapse of the Umbilical Cord

By Louis E. Doerr, Jr., M.D.
Detroit, Michigan

PROLAPSE of the umbilical cord is a relatively infrequent complication of parturition. It is of great significance, however, because of the accompanying high fetal mortality rate, which varies from 40 to 80 per cent.[7] The incidence of prolapse of the umbilical cord has been reported by Bourgeois[1] as one in 237 deliveries. Kurzrock[4] reports one in 169. Mengert and Longwell[6] report one in 164. Peterson and Miller[7] feel that the incidence is about one in 400 deliveries.

Due to the variation in incidence as reported in the literature and also to the fact that the writer has had two cases of prolapsed cord occur within three months which were terminated successfully, we decided to review the cases of prolapse of the umbilical cord at Mount Carmel Mercy Hospital since its inception in September, 1939, to January 1, 1947. During this eight-year period there were twenty-five cases of prolapse of the umbilical cord in 25,461 deliveries, or a ratio of 1:1,018. This finding is at wide variance with all reports encountered in the recent literature.

The cause of prolapse of the umbilical cord according to Titus[9] is anything which prevents the presenting part from entering the pelvis and filling it. Others who have discussed the subject are in apparent agreement. The subject presents a broad field of investigation since myriad causes may be listed which influence adaptation of the presenting part to the pelvis. In our review of the cases at Mt. Carmel Mercy Hospital we paid special attention to presentation, parity, pelvic disproportion, and period of gestation.

Presentation

We found approximately the same distribution as reported by other writers. In our series there were: vertex, fifteen cases; breech, eight cases; transverse with shoulder presenting, two cases. Strangely enough, there were no cases of prolapsed cord in twin pregnancies.

Parity

There were ten primiparas in our group. Because of the small number of cases in our review, no definite conclusions can be drawn regarding the significance of multiparity as an etiological factor in the production of prolapsed cord. Mengert and Longwell,[6] however, stress the dangers of operative delivery in primiparas. They found in their investigation that the fetal mortality rate in primiparas was almost twice that in multiparas, largely due to operative procedures used in delivery.

Pelvic Disproportion

Although pelvic disproportion is considered to be a primary factor in the production of prolapsed cord, we found but two cases of pelvic disproportion in our group. The first was a case of hydrocephalus in which the cord prolapsed when a podalic version was done after attempts to deliver by forceps had failed. The other was a borderline cephalopelvic disproportion undergoing a trial of labor. The membranes ruptured spontaneously with 2 to 3 centimeters dilatation of the cervix and the cord prolapsed. Cesarean section was performed immediately, and a living baby was delivered.

Period of Gestation

Prematurity has been listed as one of the causal factors in the production of prolapsed cord due to the resulting relative disproportion of the presenting part to the pelvic inlet, and due to the preponderance of breech presentations in this group. In our series, twenty-one were full term pregnancies. Of the remaining, two were eight month pregnancies and the other two were less than six months.

Our fetal salvage compares favorably with other series published. In our group of cases, fourteen babies were delivered alive, or a survival rate of 56 per cent. In analyzing our survival rate closely it was noted that the degree of cervical dilatation at the time of the umbilical prolapse was in direct correlation with the fetal mortality.

TABLE I. FETAL SURVIVAL

Status of Cervix	*Living Babies*	*Dead Babies*
1. Cervix fully dilated or dilatable	10	4
2. Incomplete dilatation of cervix	4	7

From our findings in Table I, it is an obvious conclusion that time and ease of delivery play a significant role in fetal survival. Further analysis

of unsuccessful treatment in cases in Group 1 above is explained in Table II.

TABLE II. CERVIX FULLY DILATED OR DILATABLE WITH DEAD BABIES.

Treatment	*Condition of Baby Prior to Treatment*
1. Immediate low forceps delivery after membranes ruptured and cord prolapsed.	Cord pulsating weakly when treatment started. Signs of fetal distress prior to accident.
2. Immediate breech extraction.	Baby in poor condition before treatment started.
3. Low forceps delivery.	Fetal heart irregular before delivery attempted.
4. Version and extraction. Craniotomy.	Condition good. Baby was hydrocephalic. Attempted forceps delivery failed. Prolapse occurred during version.

Table III summarizes briefly the treatment used and the results obtained in Group 2 of Table I.

TABLE III.

Treatment	*Remarks*
1. Manual dilatation of cervix with breech extraction.	Pulsations of cord ceased after prolapse and heart tones not heard. Baby resuscitated. See Case 1.
2. Cesarean section. Cervix 2-3 cm. dilated.	Baby in good condition prior to treatment. Cried lustily on delivery.
3. Conversion of shoulder presentation to breech with immediate extraction. Cord replaced before manipulation.	Baby in fair condition and resuscitated easily.
4. Breech extraction following Dührssen's incisions.	Baby in poor condition prior to treatment and died during delivery.
5. Conversion of shoulder to breech with immediate extraction.	Baby in good condition and survived.
6. No treatment. Labor and delivery allowed to progress normally.	Cord collapsed and pulseless on admission. No fetal heart sounds. Stillborn.
7. Midforceps delivery after manual dilatation of cervix.	Baby poor. Heart tones irregular. Died during delivery.
8. No treatment.	No heart tones on admission.
9. No treatment.	Baby markedly premature. Stillborn.
10. Low forceps delivery after attempted replacement and bagging.	Baby poor. Stillborn.
11. No treatment.	Baby dead on admission.

Case Histories

Case 1.—Mrs. W. M., primagravida, aged twenty-three, had her last menstrual period March 17, 1946, the estimated date of confinement was December 23, 1946. Her prenatal course was entirely uneventful. Pelvimetry revealed a gynecoid pelvis with no apparent disproportion. When last seen prenatally, a diagnosis of breech was made—position S.R.P.

Mrs. M. went into labor spontaneously and prematurely on December 8, 1946, in the morning and had irregular contractions all that day. She was admitted to Mt. Carmel Mercy Hospital on the evening of December 8, with contractions occurring every eight minutes and lasting about thirty seconds. A rectal examination on admission revealed only a fingertip dilatation with the breech at minus two station. Contractions continued at eight-minute intervals throughout the night, and in the morning the cervix was 2 to 3 centimeters dilated with the presenting part at station zero. The fetal heart tones were of good quality and heard in the right lower quadrant. The rate was 140 a minute. A few hours later dilatation had progressed to 5 centimeters, and the patient was given 100 mg. demerol hydrochloride and 1/150 gr. scopolamine intramuscularly for analgesia. Analgesia was satisfactory. At 9:40 a. m. the membranes ruptured spontaneously at the height of a contraction and the umbilical cord prolapsed and protruded from the vagina. A pelvic examination was done immediately and the cervix was found to be about six centimeters dilated and soft. No pulsations were felt in the cord and the fetal heart tones were not heard. No attempt was made to replace the cord, and the patient was transferred to the delivery room for immediate delivery in an effort to secure a live baby, since the heart tones had been strong and regular prior to the accident. The patient was placed in deep Trendelenburg and lithotomy positions and given deep ether anesthesia. As soon as satisfactory anesthesia was obtained, a manual dilatation of the cervix was done and the baby delivered by breech extraction at 9:49 a. m., just nine minutes after the cord prolapsed. The baby, a 7 pound 2 ounce girl was resuscitated, and survived. The patient's postpartum course was normal except for a rise in temperature to 100.6° on the third to fifth postpartum days with a foul lochia. This was controlled with sulfadiazine and the symptoms subsided on the sixth postpartum day. The patient and baby were discharged on the ninth postpartum day.

Case 2 (not included in the above series).—Mrs. G. H., primagravida, aged twenty, had her last menstrual period April 11, 1946, the estimated date of confinement was January 17, 1947. Her prenatal course was normal and without incident. Pelvimetry was normal, and a diagnosis of gynecoid pelvis was made. At our last prenatal examination a diagnosis of O.R.P. was made, with the fetal heart tones being heard best in the lower right quadrant toward the flank.

Mrs. H. went into labor spontaneously the morning of January 25, 1947, and progressed normally, complete dilatation being attained at 1:30 a. m., January 26. Twenty minutes later the membranes ruptured spontaneously. A routine check of the fetal heart tones revealed a marked irregularity in rate with each contraction of the uterus. A pelvic examination was done immediately and a loop of umbilical cord was found at the side of the head. Pulsations were faint. The patient was delivered at once under deep ether anesthesia with low forceps, taking great care not to compress the loop of cord between the forceps blades and the head. The infant was resuscitated after fifteen minutes of artificial respiration, and survived.

This case, while not included in the original series,

has been inserted because it presents a situation frequently missed, that of occult prolapse of the umbilical cord. If this condition is to be detected, it is imperative that fetal heart tones be checked regularly and frequently during labor, and, especially, immediately following rupture of the membranes.

Conclusions and Recommendations

1. Early recognition of prolapse of the umbilical cord, particularly the occult variety, offers the only chance for survival of the infant. This may best be accomplished by regular and frequent check of the fetal heart tones during labor, and especially following rupture of the membranes, and with prompt pelvic examination whenever signs of fetal distress appear.

2. Successful termination should be anticipated with complete, or near complete, dilatation of the cervix by appropriate operative intervention. The procedure selected should be done promptly but without undue haste, remembering that operative intervention itself can be traumatizing to the mother, as well as to the baby.

3. Prompt recognition with the more frequent recourse to cesarean section in patients with incomplete dilatation of the cervix should improve our end results in this group. On recognition of a prolapsed cord, the patient should be placed on a delivery table in a combination lithotomy and Trendelenberg position and be put under deep ether anesthesia. A sterile pelvic examination should be done at once for diagnosis and to lift the presenting part of the pelvis, thereby relieving the pressure on the prolapsed cord. An effort to replace the cord manually is always in order. Fetal heart tones are checked constantly. The examiner should keep the presenting part elevated until a course of action has been decided upon and the patient is anesthetized. In a primipara, or in multipara with less than 5 centimeters dilatation and recovery of fetal heart tones, cesarean section is the preferred course of treatment. In a multipara with more than 5 centimeters dilatations it may be possible to obtain full dilatation by manual means or by use of a dilating bag. A bag precludes successful replacement of the cord.

If the infant shows signs of severe distress which do not improve with elevation of the presenting part, or has already died, no operative procedure should be considered.

(Continued on Page 1288)

Prostatic Surgery

A Review of 100 Consecutive Cases

By R. J. Hubbell, M.D. and
R. N. Kilgore, M.D.
Kalamazoo, Michigan

R. J. HUBBELL

THE PURPOSE of this article is to present a picture of prostatic surgery as a result of a review of 100 consecutive cases recently operated upon by us. It is a picture of contrast, to be sure, when compared to the type of surgery and mortality rate of prostatectomies fifteen years ago, and represents a challenge to effect a similar improvement in the cure of chronic infections of the prostate.

Diagnosis

Rectal palpation with the examining finger is the simplest and best method of diagnosing the enlarged prostate. It is true that many fine points in the contour and actual size of the gland can be further elicited by cystoscopy, urethrography and cystography, but in the majority of cases this is unnecessary instrumentation. Occasionally, lower urinary tract obstruction is present with a normal sized prostate to palpation. In these cases, after urethral stricture has been excluded, and a neurogenic bladder ruled out by cystometry, cystoscopy may be valuable, but it is probably better to be prepared to perform a resection at the time of the inspection of the gland transurethrally.

Diagnosis of malignancy of the prostate is, of course, simple in many cases, if it is at all advanced, because of the "stony hardness" of the gland, but firm nodules in the gland are puzzling and may represent an early malignancy. Confusing issues here are chronic infection, prostatic calculi, and recently such a nodule proved, on routine section, to be an infectious granuloma of undetermined cause, and included a microscopic focus of adenocarcinoma.

It seems logical to assume that if early carcinoma of the prostate, as in other organs, is to be cured by surgery, it must be resected widely. Therefore, perineal exposure, with biopsy of the suspected

nodule, should be done and if found positive, radical removal should be carried out. Three cases in this series were thus exposed, two proving to be malignant, and in the two instances radical perineal prostatectomies were performed. In the third case, no malignancy was found, and only a simple perineal prostatectomy was done. The over-all evidence of cancer in this group is 17 per cent.

Preoperative Care

An operation is advised mainly for the following findings: (1) residual urine of 3 ounces or more, (2) marked dysuria, (3) suspected early carcinoma, even in the absence of any urinary symptoms.

These criteria in the main have been followed, but they may be subject to modification in individual instances. Thus, dysuria may be so marked with a residual urine of less than 3 ounces that an operation may be indicated. Residual urine of more than 3 ounces that is persistent jeopardizes the integrity of the upper urinary tract and demands investigation. Residual urine or, indeed, urinary discomfort should not be a requirement for surgical exposure of a suspected early malignancy of the prostate.

An operation on the prostate having been decided upon, the patient is admitted to the hospital, and the question of drainage of the bladder immediately presents itself. If complete retention is present, a retention catheter of the Foley type is used and left inlying. If it is known or surmised that the bladder distention has been present for some time, the bladder is not immediately emptied but gradual decompression is instituted by simply raising the level of the drainage tube so that spilling over occurs only on inspiration. The purpose of this is mainly to prevent bleeding from a too sudden release of intracystic pressure. Bilateral vasectomy is performed on the institution of a retention catheter to prevent epididymitis—otherwise, it is done at the time of the prostatic surgery. Intermittent catheterization may be relied on if the residual urine is below 6 ounces or if the retention catheter is not tolerated. Prolonged drainage may also be performed with a retention catheter, suprapubic cystotomy having been done only once in this series, and that before the patient entered the hospital under our care.

The urea clearance test is done routinely for nitrogen retention determination. It is used because it is at once a record of nitrogen retention and excretion. The blood urea should be stabilized, preferably below 20 mg., and the average of the two clearance tests should also be stabilized, preferably 50 per cent or above.

Blood prothrombin time is determined and should be 70 per cent of normal or more; if it is not, vitamin K and bile salts are administered. Blood typing is done on admittance, and later the patient's blood is cross-matched so as to have blood available the day of operation.

Routine x-ray of the kidney-ureter-bladder tract and prostatic region is ordered for possible urinary tract stone, or evidence of malignant metastases. Intravenous urograms are not done routinely because of the expense to the patient but are usually done if the urine is cloudy when the patient is first seen, or if otherwise indicated.

Serum acid phosphatase determination is made when malignancy of the gland is suspected.

Urinary antiseptics are used in a prophylactic manner, such as sulfadiazine in small doses, grains 7.7 four times daily, or penicillin in wax, 300,000 units daily.

One of the prime requisites in the general condition of the patient before operation is that he should be ambulant with good vigor, a glint in his eye, if you please, and anxious to "have it over with." If a patient does not do well postoperatively, it can often be attributed to the fact that a little more time could have been spent in his preoperative preparation.

Choice of Operation

As seen from Table I, 88 per cent of this series of patients were operated upon by the transurethral route. It is thus our choice in the large majority of glands. Suprapubic prostatectomy was done in 6 per cent of the cases, usually involving a large benign gland that we estimated preoperatively to weigh 100 grams or more, in an individual in good condition. Perineal prostatectomy, done in 6 per cent of this series, includes, of course, the radical procedure for early malignancy, or the larger gland in the older, feebler patient where loss of sexual potency is not a concern and some degree of incontinence would not be a misfortune.

Anesthesia.—Spinal anesthesia is our choice, but the final choice is left to the anesthetist, to whom a great deal of credit should go for the improvement in the morbidity and mortality in all prostatic surgery. Intravenous sodium pentothal makes an ideal supplement to spinal anesthesia for the apprehensive patient.

TABLE I

		Suprapubic Prostatectomy		Perineal Prostatectomy		Transurethral Resection	
		One Stage	Two Stage	Simple	Radical	One Resection	Multiple
Total Number of Cases		5	1	4	2	81	7
Surgical Deaths		0	0	1 (86 years, 6 weeks postoperative)	0	1, aged 80, cerebral hemorrhage	0
Prolonged Morbidity		1, bladder stone	1, Poor kidney function and urethral stricture	2	1	16 with hospital stay more than 10 days	3
PERSISTENT FISTULA	Suprapubic						
	Perineal			1			
	Other						
PERSISTENT OBSTRUCTION	Stricture		1			2	
	Residual Tissue:						
	Other						1, recurring scar tissue
PERSISTENT URINARY INFECTION	Upper Urinary					2	
	Lower Urinary	1			1	3	1
INCONTINENCE				1		1	
OSTEITIS PUBIS							
PERSISTENT RESIDUAL URINE	Neurogenic					1	2
	Mechanical					2	1
Other Factors Producing Prolonged Morbidity; Epididymitis		1				8	

Operative Technique.—No attempt will be made to go into detail in technique, but we will try to point out some factors that we think are important.

The suprapubic approach is made through a transverse incision about 1 inch above the symphysis so that no scar results over the bony prominence. Exposure of the bladder is made by separating the peritoneal reflection from the bladder, facilitated by temporary Trendelenburg position. Care is taken not to disturb the prevesical space any more than necessary. The incision in the bladder is kept high and the bladder thoroughly inspected for stones, tumors, diverticula, and the size and contour of the prostate. Enucleation is carried out by blunt dissection with aid of the operator's finger in the rectum. After enucleation of the gland, the vesical orifice is thoroughly inspected and remaining tags of tissue are removed with scissors. Actively bleeding vessels are ligated or fulgurated. A No. 24 Fr. Foley catheter with 75 c.c. bag is inserted per urethra. Oxy-cell or Gel Foam is wrapped around the bag, which is then drawn into the urethra and inflated so as to fill the fossa, but not enough to distend the cavity which we believe favors the continuance of bleeding. The catheter thus holds the coagulant firmly in place. Strips of vaseline gauze are used rarely in addition to the catheter to control troublesome oozing.

A plain rubber tubing is placed in the bladder and the bladder sutured with chromic O catgut and finished in a purse string around the bladder drainage tube. This tube is removed postoperatively as soon as the urine becomes blood free—usually twenty-four to forty-eight hours. A rubber tissue drain is placed in the prevesical space and removed in forty-eight hours. The large Foley catheter is replaced by a smaller catheter in four or five days, and removed when the suprapubic wound is healed.

In perineal surgery, the same type of postoperative catheter drainage is used. In the radical operation, the vesical neck is sutured to the urethra over a Foley catheter, but a 30 c.c. bag is ample in this instance. A fortifying suture of ribbon gut between the vesical orifice and urethra, as suggested by Ormond, has resulted in good closure of the vesical orifice, with no true incontinence resulting.

Transurethral surgery is a highly technical procedure in which thorough familiarity with the posterior urethra from a cystoscopic viewpoint is essential. Unquestionably, the best results are obtained when the gland is totally removed to the capsule, as in the suprapubic or perineal approach. This should be the objective of the transurethral resection. The amount of tissue removed in this series in the single resections varied from

4.5 gram to 144 grams. The smaller amounts were found usually in the obstructive bars and carcinomas. The multiple resections (seven cases, Table II) did not represent the largest glands and serve to emphasize the fact that a small amount of remaining tissue in an important area such as the apex of the gland or roof of the urethra may be obstructive.

TABLE II

Number of Resections	Total Grams Removed
2	60
2	138
2	121
2	18
2	27
2	18
3	32

The case requiring three resections, with only a minimal amount of tissue being removed, proved to be one with recurring scar tissue, which is fortunately very rare. Personal communication with Dr. Reed Nesbit revealed that he knew of only one other similar case.

Blood loss is determined according to the method of Nesbit and Conger,[1] and the findings in forty-three cases are tabulated in Figure 1, showing the blood loss in respective cases with increasing amounts of tissue removed. In general, the greater operative blood losses occur in the larger glands, but guesswork is misleading and an estimate with standards is valuable in determining the need for blood replacement.

Following the resection, a No. 22 Fr. Foley catheter is left *in situ* with 10 to 15 c.c. of fluid in the bag, and no traction, as this seems to favor postoperative temporary incontinence. Intermittent closed irrigation with silver nitrate 1:10,000 is set up, but used only as necessary to keep the catheter and tubing patent. The catheter is usually removed on the third day.

General postoperative care in all types of prostatic surgery includes blood replacement, with frequent checks of red blood cell count and hemoglobin to assure a return to normal, and intravenous fluids as necessary to procure a urinary output of about 1,500 c.c. in twenty-four hours. Ambulation is encouraged as soon as the urine becomes blood free, whether drainage is in place or not. Urinary antiseptics, such as sulfadiazine and penicillin (either water-soluble or oil and wax preparations) are used quite freely pre- and postoperatively and are invaluable.

(Continued on Page 1288)

Medical Treatment of Perforated Peptic Ulcer

Report of a Case

By Robert S. McClintock, M.D.
Charlevoix, Michigan

THIS CASE IS of unusual interest because it is the practice in the Baltimore Marine Hospital to treat all ruptured peptic ulcers conservatively. It is one in a series of more than thirty-five cases with only one death, treated by conservative measures by Dr. J. D. Lane.[6]

It is of further interest because the patient developed and maintained for many weeks a large, asymptomatic, localized abscess of the peritoneum, apparently caused by spilled gastric juice.

To review the subject of ruptured peptic ulcer briefly, we note that the incidence is seasonal, chiefly in the spring and fall; that it affects males in more than 90 per cent of the cases; and that there is usually a preceding history of indigestion or of gastric distress. The etiology is as yet undetermined. The pathologic process is an erosion ulcer that extends through the mucosa, muscularis, and finally through the serosa of the stomach or duodenum.

The mortality rate is affected by several important factors:

1. The literature[3,7] maintains that the time interval between the occurrence of perforation and the closure of the leak by operation is the most important factor in mortality. If the time interval is over twenty-four hours, the over-all mortality is upwards of 50 per cent.

2. The size of the perforation is the second factor.

3. The status of digestion at the time of the perforation is a factor, as maintained by Wangensteen and Paine.[10]

Dr. McClintock was formerly S. A. Surgeon, U. S. Public Health Service, stationed at U. S. Marine Hospital, Baltimore, Maryland.

Read before the Northern Michigan Medical Society, August 8, 1946. Approved for publication by the Surgeon General of the United States Public Health Service.

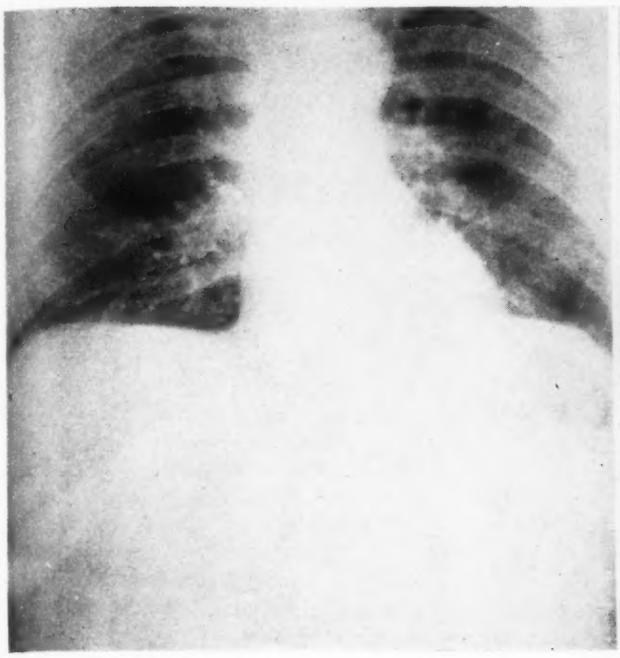


Fig. 1. Roentgenogram taken five hours after perforation on December 14, 1945, shows no free air under the diaphragm.

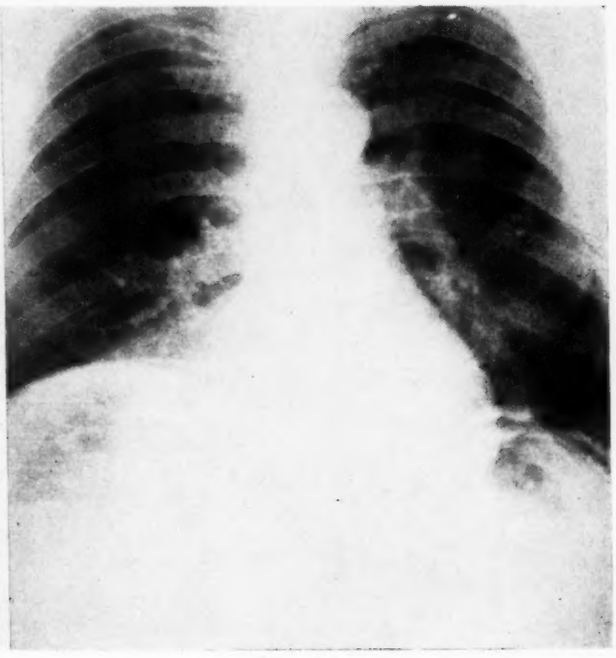


Fig. 2. Roentgenogram taken on December 21, 1945, shows free air under both leaves of the diaphragm.

4. Lastly the general condition of the patient is a very important factor.

In the last twenty years the mortality rate for nearly all series of perforated peptic ulcers varies from 3 per cent to 33 per cent. The country averaged 26 per cent in 1930 and 23.7 per cent in 1939, according to a review of this condition by DeBakey in 1940.[3] According to Thompson[12] mortality varies from 0 to 85 per cent. Needless to say, this is a high rate and one is justified in attempting drastic means in order to lower it. That conservative treatment measures and chemotherapy in adjunct to surgery have lowered this figure is realized in the recent report by McCarthy and Knoepp.[8] They have the lowest available mortality figures, 3 per cent, or one death in twenty-eight cases operated upon. Graham and Tovee[4] reported a mortality of 6.3 per cent in 114 cases.

The diagnosis of a perforated peptic ulcer is generally not difficult. In the great majority of cases there is a preceding history of peptic ulcer. The disability and sudden excruciating pain of a perforation are outstanding symptoms. The abdomen soon becomes as rigid as a board. Clinical shock generally is not seen.

Until now, the accepted treatment for perforation has been immediate operation. Most surgeons who write on the subject agree with Moynihan in surgically investigating every acute abdominal condition. Bloomfield,[2] discussing the indication for operation in cases of peptic ulcer, does not even mention perforation!

However it is not rare to find reports in the literature of cases, mostly isolated ones, of perforated ulcer treated conservatively, and not uncommonly with recovery.[9]

There are many such cases in the foreign literature. In 1926 Singer[11] reports a recovery rate of from 1 to 5 per cent in cases of perforated peptic ulcer treated without operation, but he advised all to have an operation performed. Hadley[5] treated a case with recovery and reported it in 1940.

Wangensteen[13] has reported eight cases treated conservatively with one death in 1935. He believed that the typical patient with only minimal findings may be treated without operation, but that the patients seen late with diffuse findings and signs of localization should not be operated upon.

In the panel discussion of peptic ulcer in the *Journal of the American Medical Association*, 1942,[1] Dr. Mullen mentioned that twenty-eight cases have been treated conservately by a group of physicians in Seattle, but that they have not published their results (death in three cases) because the subject matter was too touchy.

For several years it has been the policy of Dr.

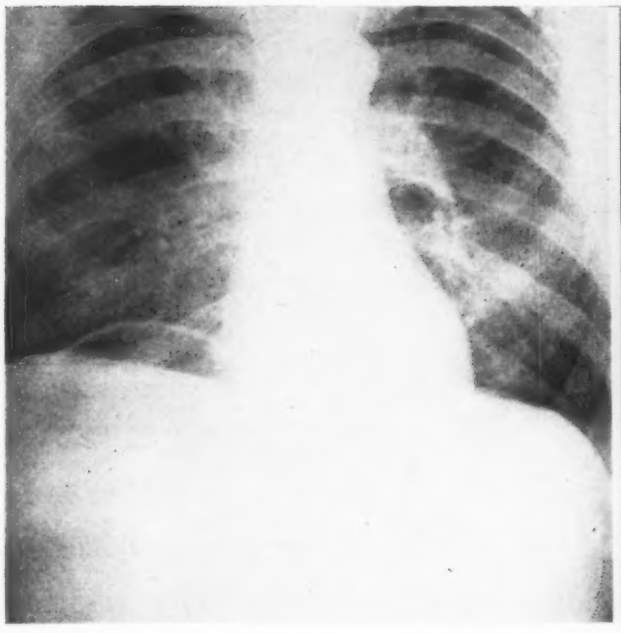


Fig. 3. Roentgenogram taken on January 17, 1946, shows the large cyst-like cavity containing fluid and air.

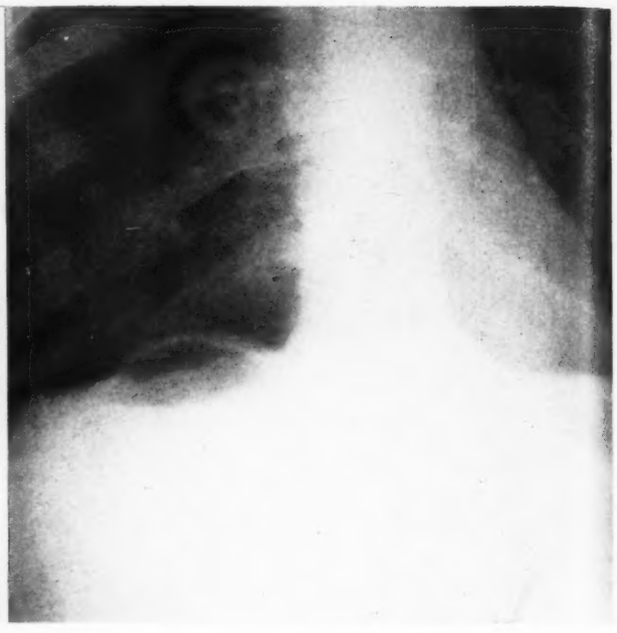


Fig. 4. Roentgenogram taken on February 15, 1946, shows the cavity much reduced by the aspiration of February 8, 1946.

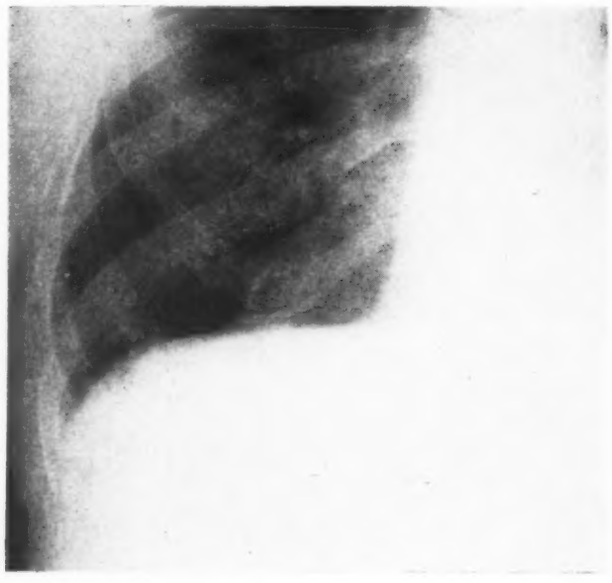


Fig. 5. Roentgenogram taken on March 22, 1946, shows the complete disappearance of the cavity.

J. D. Lane to treat all cases of perforated peptic ulcer without operation. It has been my privilege to help carry out his form of treatment in many patients with perforations at this hospital in the last eighteen months.

Case History

This unusual case of perforation is that of F.L.B., a fifty-two-year-old white merchant seaman, admitted to this hospital, on the surgical service, December 14, 1945, at 4 p. m., complaining of severe abdominal pain beginning four hours before admission. For many years he had symptoms of stomach trouble, indigestion, gas and food intolerance, and had been taking soda daily for relief of symptoms. At 11 a. m. December 14, he had eaten his usual lunch, chiefly navy beans. Indigestion developed and he was soon incapacitated by a sharp severe upper abdominal pain.

On physical examination there appeared a well-developed, not very well nourished, white man in acute distress. His skin was dark tan and slightly cyanotic. Temperature was 36.6°C. Pulse was 90 and of good volume. Blood pressure was 140 systolic and 90 diastolic. The peripheral vessels were firm and tortuous. The heart and lungs were essentially normal except for emphysematous-type chest. The abdomen was board-like in consistency, and exquisitely tender in the epigastrium.

Laboratory studies revealed a 10,400 white blood cell count. Serum protein was 4.9 grams. An upright roentgenogram of the abdomen was not remarkable. An electrocardiogram showed nonspecific myocardial damage.

During the hospital stay of five weeks this patient was treated medically. He received morphine sulfate, grains ¼, on three occasions for pain during the first two days. He was given 7.5 grams of sulfadiazine intravenously daily for the first five days, and then 1 gram every four hours orally for the following eight days. He also received intramuscular penicillin, 20,000 units every three hours for twelve days. Continuous Wangensteen gastric suction was started immediately, and used for six days.

The patient was gradually and completely relieved of all abdominal pain within twenty-four hours. The abdominal rigidity had disappeared in forty-eight hours, but not the tenderness in the epigastrium. On the third day the right hypochondrium was noted to be full and tender. A roentgenogram of this area revealed a localizing abscess containing fluid and air. However despite

this and an elevated temperature, ranging from 37° C to 39°C, the patient appeared very comfortable after his second day in the hospital. His temperature was elevated for two weeks. During the first week of hospitalization, caloric and vitamin requirements were maintained, using parenteral routes. After the Wangensteen tube was removed, he was put on a Sippy regime, and the diet was rapidly advanced so that he had a general diet with ulcer restrictions within three weeks. His pulse remained around 100 during the entire stay.

A large abscess did develop in the right subdiaphragmatic area anteriorly, the fluid level measured 17 cm. on December 21, 1945. The persistent chemotherapy probably prevented a more toxic course or even a frank purulent exudative process. The prevention of abscess formation and/or peritonitis is the rational of the intensive course of chemotherapy. Despite the persistent pocket of fluid and air, the patient was clinically well and entirely without symptoms.

A gastrointestinal series of January 14, 1946, revealed a grossly irregular duodenum. He was discharged from the hospital on January 19, improved and with ulcer diet instructions. He stated that he "never felt better."

He was followed as an outpatient, and the cavity with fluid was slowly absorbing. It was aspirated of 60 c.c. of yellow, gastric juice-like material on February 8, 1946. This specimen was cultured, but found to be sterile. The man remains well and eats a general diet. As seen in the serial reproductions of the roentgenograms, there was no evidence of subdiaphragmatic abscess or of fluid on March 22, 1946. A checkup examination on June 6, 1946, showed a much improved duodenum on examination with barium, compared to the previous gastrointestinal series. A gastric analysis on this date revealed normal gastric acidity.

It is believed that effective gastric syphonage and chemotherapy are the keystones to the successful medical management of perforated peptic ulcer cases. The continuous Wangensteen suction deflates the stomach, stops further spillage from the stomach and upper duodenum, and allows the processes of healing to close the perforation. Chemotherapy, consisting of sulfonamides, penicillin, or streptomycin, or any combination of these agents, apparently will prevent abscess formation and peritonitis as illustrated in this case.

Summary

There is here presented a case of perforated peptic ulcer, which is one in a series of many being treated routinely without operation in the U. S. Marine Hospital at Baltimore. In spite of a poor condition generally, and the development of a localized cavity of fluid, this patient recovered completely with the employment only of the conservative measures mentioned.

(Continued on Page 1322)

Combined Jaw Resection and Neck Dissection

By Harry C. Saltzstein, M.D., and Walter Johnson, M.D.
Detroit, Michigan

H. C. Saltzstein

THE OPERATION of surgical removal of intra-oral cancer combined with neck dissection was performed and written about by some of the earlier surgeons, notably Kocher, Bloodgood, and others. The mortality was high: easily 20 per cent. With the advent of irradiation therapy it was quite generally discontinued.

The passage of time has allowed more exact evaluation of irradiation. During the past one or two decades, advances in general surgery have allowed us to operate for hours without shock and with the avoidance of the usual complications which previously made such operations hazardous. There has been a renewal of interest in wide *en block* surgical removal of mouth and neck malignancy. Carcinoma involving the mandible is hopeless under any other treatment than wide surgical removal. Intra-oral lesions close to the mandible do poorly under irradiation or other intra-oral removal. Also large neck masses, if still operable and not fixed, with intra-oral lesions uncontrolled, are being put into the category of candidates for block dissection of neck, mandible, and the intra-oral lesion in one stage. Slaughter defines the indications as follows: when bone is involved by intra-oral cancer and when there are operable unilateral cervical node metastases, there is definite indication for excision of the soft tissue primary, the involved jaw, and a neck dissection in continuity.[3]

At the Memorial Hospital, New York City, the operation is colloquially called the "commando" and since 1942 has been applied to an increasing number of growths originating in the mouth. These include carcinoma primary in the floor of the mouth, carcinoma of the tongue involving the floor of mouth tonsillar pillar or mandible, the buccal mucosa close to mandible, the alveolar

ridge, et cetera. Although five-year results are not yet available, preliminary surveys already show a significant increase in survival rates.[1]

Extensive fungating lip carcinomas densely attached to or invading the mandible, though locally extensive, may spread below the hyoid region very slowly. They are suitable for block neck dissection plus excision of the involved portions of the mandible and the entire lower lip, in one mass, and subsequent plastic repair. Sugarbaker and Gilford from Missouri State Cancer Hospital published a series of twelve such combined resections in December, 1946.[4] Most of their cases were extensive submaxillary and submental triangle masses densely fixed to the mandible, usually originating from the lip, all of them hitherto considered hopeless. There were two postoperative deaths, and "although the followup period was short, even patients alive without recurrence, from sixteen to forty-five months after the treatment, suggest an ultimate prognosis far different from the relatively hopeless outlook formerly existing for these patients."

Knight, of Wangensteen's clinic, Minneapolis, in a recent article on anesthesia speaks of "three-quarters mandibulectomy, massive neck dissection and skin graft. The anesthesia (pentothal, curare, nitrous oxide and oxygen) was exactly eight hours."[2]

The following two cases are presented as illustrating this method of approach. Although tedious and time-consuming in practice, it bids fair, we think, to be an advance over our previous efforts for the cure of these patients.

Case Reports

Case 1.—A. G. was a stocky Italian workman, aged sixty-three, in apparently good health except for a local lesion in the mouth. The office description of the local lesion was as follows March 3, 1947: "There is an ulcer on the left side of the posterior portion of the tongue at about the junction of the anterior pillar and the mandible. The ulcer is about 1.5 cm. in diameter and there is a raised, rolled edge. It penetrates posteriorly, exposing some of the inner surface of the bone at the angle of the mandible. The limit of the posterior margin of the ulcer is the anterior pillar of the fauces. Here there is some induration. The lateral border is the exposed gingival surface of the mandible, and mesially it extends out onto the base of the tongue. There is some pyorrhea, some induration and a questionable gland in the posterior submaxillary region of the neck. Microscopic biopsy: squamous cell carcinoma."

These intra-oral lesions of the posterior portion of the tongue, in our experience, do poorly under intraoral therapy. When the mandible is exposed and the bone bare, the amount of irradiation which the patient can stand is limited. There is a high percentage chance of spreading rapidly into the neck, and the results of intraoral therapy followed by subsequent neck dissection are not good.

It was decided to do a complete block dissection on the left side of the neck, plus a left hemimandibulectomy plus a wide local excision of the lesion in one stage and one complete dissection. This was done on March 12, 1947.

Exposure was through the Crile incision (a curved incision starting at the mastoid eminence, curving downward and forward to the hyoid bone and then curving upward to the midline of the chin. Then a vertical incision was made from the mid-point of the above incision at the hyoid downward to 2 inches below the clavicle). The flaps were dissected back mesially to the mid line, upward to above the mandible, posteriorly to the trapezius. The platysma was included with the flaps. Dissection was begun just above the clavicle. The sternomastoid was divided, the jugular separated and ligated, and the incision deepened dissecting down to the scalene muscles exposing the phrenic and the vagus nerves. The mass of sternomastoid, supraclavicular triangle contents, et cetera, was then dissected upward cleaning everything from the edge of the strap muscles (anteriorly) to the trapezius (posteriorly). At the level of the hyoid, the lingual vein was divided, the external carotid artery was divided, and the jugular bulb region exposed by dividing the posterior portion of the digastric muscles. The upper attachment of the sternomastoid muscle was divided; the jugular vein was separated and divided at its emergence from the base of the skull; the lower pole of the parotid cut through. Then the structures behind the ascending ramus of the mandible were cleared, and the ascending ramus separated away from the constrictor muscles of the pharynx to facilitate subsequent excision of the mandible.

The midline incision was then carried upward to the mid point of the vermillion border of the lip. The flap of the left side of the face was dissected away from the mandible and the mandible was divided just back of the canine tooth on the left side. The growth in the mouth was then easily accessible. When exposed, it was found to be an extensive crater ulcer fully twice as large as had been apparent on oral examination. It was 3 cms. in diameter. It involved some of the anterior pillar, spread over the inner surface of the mandible near the angle, and exposing bare bone and extended onto the floor of the mouth to the mid portion of the submaxillary triangle. It was widely excised. The excision included a portion of the tongue, the pharyngeal constrictors and the tonsillar region, and a small portion of the palate. The growth apparently had not extended very widely beyond visible ulceration. There was one small gland posterior to the submaxillary triangle. On pathological examination this proved to be simply a hyperplastic lymph node and not involved with carcinoma. The left side of the mandible was then removed by cutting through the pterygoid muscles, close to the ascending ramus and disarticulating at the temporomaxillary joint

(Fig. 1, A and B.) The mouth defect was repaired as well as possible. The left side of the tongue had to be sutured to the palate and also high up onto the buccal surface. Wound in the neck closed. Convalescence was relatively uneventful after some discharge and perhaps a small amount of leakage from the mouth which cleared in a few days. There was some shifting to the left of the mandible, due to the high suturing of the left side of the tongue. However, this was corrected with an interdental splint, worn for a few weeks.

Fig. 1 A. (Case 1) Photograph of specimen. Complete contents of all neck triangles, hemimandibulectomy, wide removal of intraoral lesion close to mandible in one block, in continuity.

On June 1, 1947, the patient could masticate soft foods. The neck was well healed and with the exception of some weakness of the left side of the tongue he is o. k.

Case 2.—J. F., aged sixty, was first seen October 10, 1946. In March, 1946, patient had a "cold" and then he noticed a gland in the left side of his neck. There was no tenderness at first. About two or three weeks after having noticed the mass in the neck he noticed a sore on the left side of his tongue. At the time he was seen, he did not think the sore had grown, and even thought the lesion in the mouth was a trifle better. Examination revealed a rather heavy (200 pounds) man, aged sixty, with blood pressure of 150 and moderate diabetes. The local lesion in the mouth was described as follows: "On the left side along the inner border of the ascending ramus and the anterior tongue pillar is an irregular ulcerated area about 2 cm. wide and about 1 cm. in vertical diameter. It extends medially onto the soft palate, laterally to the outer border of the gingival margin of the mandible. The outer portion over the mandible is nodular and irregular.

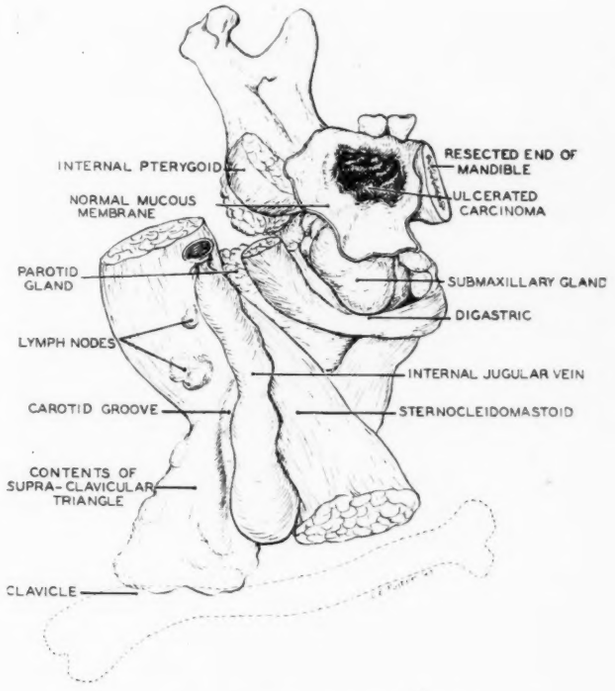


Fig. 1 B. Explanatory line drawing.

"In the neck there is a large dense firm mass lying beneath the sternomastoid in the upper portion of the neck, fully 2 inches in diameter, immediately behind the angle of the jaw. It is quite dense, firm and movable laterally but not vertically. The upper border is close to the tip of the mastoid process. There is another gland palpable anterior to this and below the angle of the mandible about 1 cm. in diameter."

Lesions in the posterior portion of the mouth with large metastases in the neck heretofore have offered a very poor prognosis by any method of treatment. Though the lesion in the mouth might have been controlled by irradiation, in our experience a gland of this dimension in the neck is not affected by radiation therapy except for a certain amount of shrinkage and fibrosis. Also a block dissection of the neck with a neck gland so close to the original lesion is apt to cut through metastatic channels and again in our experience has not proved satisfactory. It was decided, despite his age and diabetes, to attempt a combined radical neck dissection and mandible excision. This was done, the procedure being similar to that of Case 1. The mandible was divided in the mid line. The metastatic growth in the neck was densely adherent to the jugular

bulb and the structures immediately posterior to it. It was difficult to clear it from the bulb, and it was not certain that all of the growth had been circumscribed with a margin of normal tissue immediately posterior to the jugular vein. When the specimen was removed, the lesion in the mouth was about 1 cm. in diameter. The node in the neck was described as "5 x 4 x 3 cm." Another cystic node was 2.5 cm. in diameter. Microscopic diagnosis was "widely infiltrated highly anaplastic squamous cell carcinoma. Prognosis, hopeless." Convalescence was rather stormy for a time. A rather active infection developed which produced a 1 cm. fistula into the mouth. This was difficult to heal because of the diabetes, and a gastrostomy was done for feeding. The patient was sent home with his gastrostomy, and the wound in the face and neck slowly healed. Patient was brought back on January 17, 1947, and the gastrostomy was closed as an ambulant procedure, the patient going home immediately. At the present time (June 1, 1947) he has completly rehabilitated himself. He actively carries on his small tailor shop. There is still a small sinus behind the ear, but the drainage from here is minimal. He masticates soft food. Otherwise he maintains his health and has gained weight (Fig. 2 A and B).*

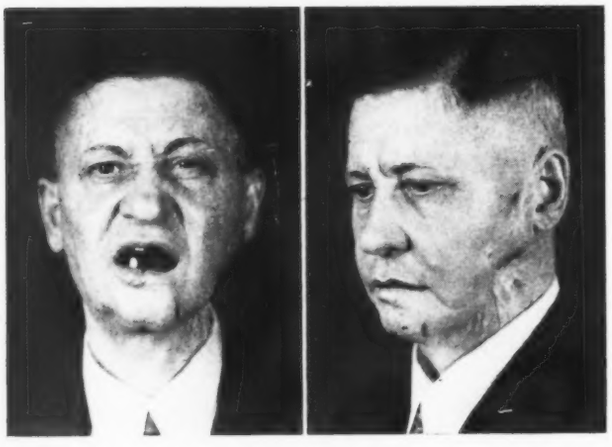


Fig. 2, A and B. (Case 2) Minimal deformity following hemimandibulectomy, wide removal of intra-oral cancer and radical complete neck dissection in one complete mass. Note that facial and oral lines of expression are intact, and right side of lower jaw occludes well with right upper jaw.

Comment.—Recurrence took place high in the neck, close to the mastoid eminence and behind the jugular bulb.

Except for this one area, where the dissection encountered unusual difficulties, the entire field was clear and free from disease.

Summary

Two cases of intraoral cancer are presented in which complete block neck dissection plus hemimandibulectomy and wide excision of the intraoral lesion was done in one stage. The indications for the operation are briefly discussed.

References

1. American College of Surgeons: Case demonstration at meeting in New York, September, 1947.
2. Knight, Ralph T.: Corollary in anesthesia. J. Indiana M. A., 40:125, (Feb.) 1947.
3. Slaughter, Danley P. (Director Tumor Clinic, Research and Education Hospital, Chicago): Personal communication.
4. Sugarbaker, E. D. and Gilford, Jack: Combined jaw resection and neck dissection for metastatic carcinoma of cervical lymph nodes secondarily involving the mandible. Surg., Gynec. & Obst., 83:767, (Dec.) 1946.

*About July 1, 1947, pain in the left side of the face required empirin and codein.

On September 27, 1947, alcohol injection of the fifth nerve was done (Dr. F. Schrieber). It was unsuccessful. Exploration, October 6, 1947 revealed metastatic carcinoma underneath the parotid gland in the upper posterior portion of the wound in close to the mastoid eminence.

PROLAPSE OF THE UMBILICAL CORD

(Continued from Page 1279)

The author wishes to thank Dr. Arthur K. Northrop Sr., and Dr. Edward Sieber for valuable assistance in the preparation of this paper.

References

1. Bourgeois: Am. J. Obst. & Gynec., 41:837, 1941.
2. Caldwell: Obstetrics and Gynecology (Curtis). Philadelphia: W. B. Saunders Co., 1937.
3. Gusberg: Am. J. Obst. & Gynec., 52:5, 1946.
4. Kurzrock: Am. J. Obst. & Gynec., 23:403, 1932.
5. McCormick: Pathology of Labor, the Puerperium, and the Newborn. St. Louis: C. V. Mosby Co., 1944.
6. Mengert and Longwell: Am. J. Obst. & Gynec., 40:79, 1940.
7. Peterson, R., and Miller, N. F.: A Manual for a Demonstration Course in Obstetrics. Ann Arbor, Michigan: Edwards Bros., 1940.
8. Shears: Obstetrics, Normal and Operative. Third edition. Philadelphia: J. B. Lippincott Co., 1920.
9. Titus: Management of Obstetric Difficulties. St. Louis: C. V. Mosby Co., 1937.
10. Williams: Obstetrics. Edited by Stander. Seventh edition. New York: Appleton-Century Co., 1936.

PROSTATIC SURGERY

(Continued from Page 1282)

Prince[2] has shown their value in a more rapid clearing of the urine, thus decreasing the morbidity.

Feeding of the patient is important, and adequate protein intake as soon as possible is advisable, and adequate fluid food intake by mouth as soon after operation as possible is urged.

Pain is usually not a troublesome feature, demerol hypodermically having proved very valuable for analgesia and sedation. In fact, most patients undergoing prostatic surgery today feel they have been disillusioned regarding its discomforts and thus are more frequently presenting themselves for treatment before irreparable damage to the upper urinary tract has occurred.

Summary

An analysis of 100 consecutive cases of prostatic surgery is presented with a surgical mortality of 2 per cent. Some of the salient features in the care of these cases are discussed.

References

1. Nesbit, R. M., and Conger, Kyril B.: Studies of blood loss during transurethral prostatic resection. J. Urol., 46:713-717, (Oct.) 1941.
2. Prince, Chas. L.: The prevention of urinary tract infection following transurethral prostatic resection by combined use of sulfadiazine and penicillin. J. Urol., 56:121, (July) 1946.

President's Page

Postgraduate Facilities

The 82nd Annual Session of the Michigan State Medical Society was recently held in Grand Rapids. Fourteen hundred and one Doctors of Medicine registered for the Scientific Session. This was a splendid expression of the interest of our members in the Science of Medicine; and a fine tribute to our guest speakers, showing full appreciation of the high caliber of their presentations.

It is wholesome and encouraging to know in these days of postwar unrest and fatigue from overwork during the war that our members are keeping constantly abreast of the scientific advances in medicine.

The Michigan State Medical Society working with other groups sponsors four main types of postgraduate medical education:

1. The Annual Scientific Assembly in September.
2. The Postgraduate Clinical Institute in March.
3. The special programs of the School of Medicine of University of Michigan and Wayne University College of Medicine.
4. The short one-day to two-day programs given at our various postgraduate centers throughout the state.

We should take advantage of all these facilities. This will pay dividends in better work, satisfied patients, and, therefore, increased prestige.

P. L. Sedwick

President, Michigan State Medical Society

Editorial

EIGHTY-SECOND ANNUAL SESSION

THE EIGHTY-SECOND Annual Session of the Michigan State Medical Society is history. Grand Rapids cannot be surpassed for convenience and availability of hotel, meeting places, assembly halls, and space for scientific and technical exhibits. The arrangement, practically all under one roof, is as near perfection as can be asked. The underground passage to the hotel adds to convenience and assures protection from unfavorable weather. But beautiful weather graced the 1947 session.

One of the most outstanding programs ever seen in the forty-five years of the modern Michigan State Medical Society was presented. There were thirty-two out-of-state speakers, leaders in their fields, who covered quite thoroughly the fields of practice. These men gave of their best, with papers prepared for the general assembly, for the listening pleasure of all our members. Many of them also presented technical papers to the sections at noon meetings, and were prepared to answer questions on their papers or any other questions for which there was time, at the twenty-three discussion conferences.

Seven general assemblies were held, with twenty-seven addresses by out-of-state speakers; twelve section meetings, with addresses by out-of-state speakers; and twenty-three discussion conferences, which were presided over by chairmen of distinction, and at which the guest essayists were free for questioning.

The general assembly on Wednesday evening was a public meeting, with reports of elections, reports of the House of Delegates, President's Address (William A. Hyland, M.D., Grand Rapids), induction of the new president, P. L. Ledwidge, M.D., Detroit, and introduction of the president-elect, E. F. Sladek, M.D., Traverse City. Other re-elected and newly elected officers were introduced. Distinguished Health Service Awards were presented to Charles F. Kettering, Detroit, and to the Michigan Society for Crippled Children and Disabled Adults, for noteworthy and outstanding achievements in the cause of health.

Ninety-nine awards and certificates were issued to charter members of the "Fifty Year Club."

The Honorable John Nicholas Brown, Washington, D. C., Assistant Secretary of the Navy for Air, gave the Andrew P. Biddle Oration on "Human Engineering." Mr. Brown was presented with the Biddle Oration Scroll.

A necessary part of the Annual Session included the meetings of the Council, starting Saturday evening, September 20, 1947, and finishing Thursday, September 25, 1947, with the election of a new chairman, O. O. Beck, M.D., of Birmingham.

The House of Delegates went into annual session Sunday, September 21, and completed its business Tuesday noon. A program held Wednesday afternoon, September 24, was the Medical Assistants Conference, which was addressed by L. Fernald Foster, M.D., Bay City, secretary of the Michigan State Medical Society; Jay C. Ketchum, Detroit, executive vice president, Michigan Medical Service; Hugh W. Brenneman, Lansing, Public Relations Council, Michigan State Medical Society; and J. Duane Miller, M.D., Grand Rapids, Councilor, Fifth District, Michigan State Medical Society.

Motion pictures on surgical subjects were in almost continuous performance, since there were nearly sixty films.

The Woman's Auxiliary of the Michigan State Medical Society held a three-day active session.

The Eighty-Second Annual Session was a great show!!

ORGANIZATION SEMINARS

THE SIXTEEN COUNCILORS of the Michigan State Medical Society were invited by The Council, in formal session in July, 1947, at Traverse City, to arrange "Organization Seminars" in the various counties of their districts, to take place of the district meetings and State Society Nights that have been held in the past.

These seminars will begin with a roundtable discussion of socio-economic problems facing the medical profession; this will be entered into by the Michigan State Medical Society officers present, and the president, secretary, and editor of the county medical society. This one-hour panel will be followed by a dinner meeting of all the members

of the county medical society, at which two, or at most three, ten-minute talks will be presented by MSMS officers.

Local problems as well as information on state and national matters are to be presented to the physicians. Stressing local situations and seeking their solution will make for greater interest. Such meetings will bring an abundance of information to the county, and will stimulate many men now only concerned in practice to take a more active and aggressive interest in the great problems that must be settled in the near future.

Requests for "Organization Seminars" should be, and are being made by county or district medical societies, merely upon application to their Councilor.

The first Organization Seminar is scheduled for Berrien County, in southwestern Michigan on Monday, December 3, 1947, at Niles. By the time this is published several others will be scheduled, but it will not be too late for your county.

Schedule an "Organization Seminar" and learn "what's doing."

PRESIDENT-ELECT SLADEK

THE NEW PRESIDENT-ELECT of the Michigan State Medical Society has advanced his services to the Society and his opportunities for more services.

Edward F. Sladek was born in Chicago, Illinois, July 12, 1895, and was graduated from the University of Illinois, A.B., 1916, and M.D., 1918. After interning in Michael Reese Hospital, he entered the practice of medicine in Traverse City in November, 1919. He was secretary of Grand Traverse-Leelanau-Benzie County Medical Society thirteen years, 1925 to 1938, and president in 1930. He served as member of the House of Delegates of the Michigan State Medical Society 1928-1938 when he was elected to The Council. He has served on the Executive Committee of the Council from 1942 to date, being chairman from 1944 to 1947.

Dr. Sladek has been just as active in scientific and other forms of medical service. He is a Fellow of the AMA, and of the International College of Surgeons, a member of the American Proctological Society, secretary of the National Conference on Medical Service, vice chairman of the Associated States Postgraduate Committees, a member of the Board of Trustees of Michigan Medical Service, besides holding membership in many fraternal and civic organizations and committees.

Of his hobbies Dr. Sladek says they were formerly fishing and golf, but now they are of necessity organized medicine and medico-socio-economic problems. Last year he devoted seventy-six days of his busy practice to the organizational activities of the Michigan State Medical Society and other medical associations.

The Michigan State Medical Society is fortunate in its selection of a new president-elect. We know he will work—he has in the past—with sacrifice and devotion.

COUNCILOR OAKES

ELLERY A. OAKES, M.D., of Manistee, Michigan, is the new representative on the Council from the Ninth District, but he comes as an old and tried friend. He was born in East Tawas, Michigan, in 1894, was graduated, A.B., Albion, 1920, and M.D. from Wayne University, in 1925. He interned at Receiving Hospital, Detroit, then practiced in Homer, Michigan, and moved to Manistee in 1927. He has done postgraduate work in New York. For fifteen years he served as delegate, and for two years was vice speaker of the House of Delegates. As a non-medical activity he is a past president of Rotary.

The Council will be the gainer in this advancement of a hard worker.

ON THE RUN . . . . .

Retention of ten pounds of water can occur without visible edema.

. . .

Adequate use of digitalis after acute left ventricular failure is helpful in preventing future attacks as well as in controlling cardiac irregularities.

. . .

Any therapeutic effort designed to lower blood pressure in hypertensives must be appraised as to its effect on renal function.

. . .

Ergotamine tartrate is contra-indicated in septic states cardiovascular and obliterative vascular disease.

. . .

Precordial pain from strain of the pectoralis minor muscle may be differentiated from intrathoracic or cardiac disease by (1) reproduction of the pain on pushing the upper arm forward against resistance and (2) disappearance of the pain following injection of procaine at the point of greatest tenderness.

Selected by W. S. Reveno, M.D.

Postgraduate Continuation Courses
Wayne University College of Medicine

December 8, 1947 — March 13, 1948

These courses are open to all qualified persons.

Veterans who are not Residents in a Detroit Hospital should make arrangements for tuition and books, as provided by the G.I. Bill, with Mr. Arthur Johnson, Veterans Administrator at Wayne University, 5063 Cass Avenue. **This must be completed before you register.**

Registration for these courses can be made in the office of Postgraduate Medical Education at the College of Medicine, 1512 St. Antoine, **before** December 5.

ANATOMY			
Surgical Anatomy	College of Medicine	Tuesday 3-5 P.M.	$35.00
(Limited to 20 Senior Surgical Residents)			
Advanced Histology	College of Medicine	Monday 2-5 P.M.	$35.00
PATHOLOGY			
Beginning Hematology	College of Medicine	Monday 1-5 P.M.	$35.00
Neuropathology	College of Medicine	Friday 1-5 P.M.	$35.00
Pathology of Neoplasms	College of Medicine (Limited to 50)	Wednesday 1-5 P.M.	$35.00
Advanced Hematology	College of Medicine	Friday 1-5 P.M.	$35.00
(Limited to 5; Prerequisite—Beginning Hematology)			
PHYSIOLOGICAL CHEMISTRY			
Seminar	College of Medicine	Wednesday 4-5 P.M.	$15.00
Physical Chemical Aspects of Biochemistry	College of Medicine	Tuesday and Thursday 3-4 P.M.	$25.00
PHYSIOLOGY			
Survey of Physiology	College of Medicine	Friday 4-5 P.M.	$15.00
DERMATOLOGY			
Seminar	Receiving Hospital	Wednesday 10-11:30 A.M.	$15.00
Conference on Venereal Diseases	Social Hygiene Clinic	Thursday 4-5:30 P.M.	$15.00
Superficial Mycoses	Receiving Hospital	Thursday 9:30-12 M.	$35.00
INTERNAL MEDICINE			
Medical Pathologic Conference	Receiving Hospital	Saturday 11-12 M.	$15.00
	Wayne County General	Thursday 11-12 M.	$15.00
Diagnostic Conference	Wayne County General	Tuesday 4-5-P.M.	$15.00
Beginning EKG	Wayne County General	Friday 11-12 M.	$15.00
Gastroenterology Clinic Hematology Clinic	Receiving Hospital	Wednesday 1-2 P.M.	$15.00
Medical X-Ray Conference	Receiving Hospital (Limited to 10)	Tuesday 11-12 M.	$15.00
	Wayne County General	Friday 1-2 P.M.	$15.00
Allergy Clinic and Conference	Receiving Hospital	Tuesday 8-11 A.M.	$25.00
SURGERY			
Seminar	College of Medicine (Limited to 20)	Thursday 4-5 P.M.	$15.00
OPHTHALMOLOGY			
Basic Ophthalmology	College of Medicine (Limited to 20)	Full Time	$300.00
(Beginning January 15 through June 15, 1948)			

PROCEEDINGS OF THE MSMS HOUSE OF DELEGATES—1947

Table of Contents

	Introduction of Business	Reference Committee Reports
I. Record of Attendance	1295	*To be published in December issue*
II. Speaker's Address	1295	
III. President's Address	1298	
IV. President-Elect's Address	1298	
V. Annual Reports of The Council	1299, 1305	
VI. Report of Delegates to AMA House of Delegates	1299	
VII. Annual Report of Commission on Health Care	1300	
VIII. Resolutions:		
(a) Rh Factor Determination by State Health Department	1303	
(b) New Section on Nervous and Mental Diseases	1303	
(c) JMSMS	1303	
(d) Special Assessment ($25.00)	1304	
(e) Forms of Medical Public Relations	1304	
(f) Expenditures in U. S. Executive Departments	1304	
(g) Ratio of Medical Officers in Armed Forces	1304	
(h) Michigan Hospital Service recognition of certain hospitals	1305	
(i) Michigan Medical Service fees to others than Doctors of Medicine	1305	
(j) Michigan Medical Service Enabling Act	1305	
(k) New Section on Public Health and Preventive Medicine	1305	
(l) Michigan High School Athletic Accident Benefit Fund	1305	
(m) Tenure of State Health Commissioner	1305	
(n) Report of Special Committee to Study Medical Practice Act	1311	
(o) Cancer Detection Centers	1312	
(p) Semi-Annual Meetings of House of Delegates	1316	
(q) Salary Increase to Medical Officers in Armed Forces	1316	
(r) Definition of Medical Services in Michigan Hospital Service contracts		*To be published in December issue*
(s) Basic Science Law		
IX. Amendments to Constitution and By-Laws:		
(a) Proposed General Revision of Constitution (including appointment of committee to study same)	1303	To 1948 House of Delegates
(b) Amendments to Constitution, proposed in 1946:		
Article III, Section 6 re Members Emeritus	1304	
Article III, Section 8 re Life Members		
Article III, Section 8 re Life Members		
Article III, Section 8 re Life Members		
(c) Proposed General Amendments to By-Laws		*To be published in December issue*

	Introduction of Business	Reference Committee Reports
X. Reports of Standing Committees	1308	*To be published in December issue*
(a) Legislative Committee (1308); (b) Distribution of Medical Care (1308); (c) Medico-Legal Committee (1308); (d) Preventive Medicine Committee (1308); (e) Cancer Control Committee (1308); (f) Maternal Health Committee (1308); (g) Venereal Disease Control Committee (1308); (h) Tuberculosis Control Committee (1308); (i) Industrial Health Committee (1308); (j) Mental Hygiene Committee (1308); (k) Child Welfare Committee (1308); (l) Iodized Salt Committee (1308); (m) Heart and Degenerative Diseases Committee (1308); (n) Postgraduate Medical Education Committee (1308); (o) Public Relations Committee (1308); (p) Ethics Committee (1309).		
XI. Reports of Special Committees	1309	
(a) Nurses' Training Schools (1309); (b) Scientific Radio Committee (1310); (c) Advisory Committee to Woman's Auxiliary (1310); (d) Committee on Scientific Work (1310); (e) Professional Liaison Committee (1310); (f) Beaumont Memorial Committee (1310); (g) Special Committee on Radio (1310); (h) Postwar Education Committee (1310); (i) Rheumatic Fever Control Committee (1310); (j) Contact Committee with Association of Welfare Boards and Boards of Supervisors (1311); (k) Committee on State Veterans Affairs (1311); (l) Joint Committee on Infectious Diarrhea (1311); (m) Committee on Uniform Fee Schedule for Governmental Agencies (1311); (n) Committee on Rural Health (1311); (o) Committee on Courses in Medical Economics (1311); (p) Committee on Michigan High School Athletic Accident Benefit Fund (1311); (q) Committee on National Emergency Medical Service (1311); (r) Committee to Meet With Congressmen (1311); (s) Industrial Study Committee (1311).		
(t) Committee on Revision of Constitution and By-Laws (1303-1311).		To 1948 House of Delegates
XII. Reports of Reference Committees		1312
(a) On Officers' Reports (Speaker, President, President-Elect, AMA Delegates, Resolution on Expenditures in U. S. Executive Departments)		1312
(b) On Reports of The Council		1313, 1316
(Reports of The Council including $25 assessment; Resolutions on Tenure of State Health Commissioner; on Report of Special Committee on Study of Medical Practice Act; on Ratio of Medical Officers in Armed Forces.)		1317
(c) On Standing Committees		1317, 1318
(d) On Special Committees		1319, 1320
(e) On Constitution and By-Laws		1320
(Resolutions on New Section on Public Health and Preventive Medicine; new Section on Nervous and Mental Diseases; Amendments to Constitution proposed in 1946; Semi-Annual Meetings of House of Delegates—referred from Reference Committee on Resolutions.)		
(f) On Resolutions		*To be published in December issue*
(Resolutions on Cancer Detection Centers; Semi-Annual Meetings of House of Delegates—referred to Reference Committee on Constitution and By-Laws; Salary Increases to Medical Officers in Armed Forces; Rh Factor Determination by State Health Department; on JMSMS; on Special Assessment ($25); Forms of Medical Public Relations; Michigan Hospital Service Recognition of Certain Hospitals; Michigan Medical Service Enabling Act; Michigan Medical Service Fees to Others Than Doctors of Medicine; Definition of Medical Services in Michigan Hospital Service Contracts; Basic Science Law.)		
(g) On Special Memberships	1303	
(Emeritus, Life, Associate, Retired.)		
XIII. Erroneous Report of Newspaper		*To be published in December issue*
XIV. Election of Officers		
(a) Councilor, 7th District; (b) Councilor, 8th District; (c) Councilor, 9th District; (d) Councilor, 10th District; (e) Delegates to AMA; (f) Alternate Delegates to AMA; (g) President-Elect; (h) Speaker of House of Delegates; (i) Vice Speaker of House of Delegates.		
XV. Adjournment		

MICHIGAN STATE MEDICAL SOCIETY

Eighty-second Annual Session

PROCEEDINGS OF THE HOUSE OF DELEGATES

Pantlind Hotel, Grand Rapids, Michigan

First Meeting

Sunday Afternoon, September 21, 1947

The eighty-second Annual Session of the House of Delegates of the Michigan State Medical Society, held at the Pantlind Hotel, Grand Rapids, Michigan, on September 21-23, 1947, convened at 2:00 p.m., J. S. DeTar, M.D., Speaker of the House of Delegates, presiding.

THE SPEAKER: Will the House please come to order? I would like to ask the Chairman of the Credentials Committee to come to the platform and report.

J. J. O'MEARA, M.D. (Jackson): Mr. Speaker, I have here the credentials of eighty-seven members, which is more than the necessary number for a quorum, 50 per cent of whom are not from any one county.

THE SPEAKER: If there is no objection the roll call will be dispensed with and the report will be accepted.

I. Record of Attendance

OFFICE	OFFICER	MEETING 1st	2nd	3rd	4th
Speaker	J. S. DeTar	x	x	x	x
Vice Speaker	R. H. Baker	x	x	x	x
Secretary	L. Fernald Foster	x	x	x	x
Immediate Past President	R. S. Morrish	x	x	–	–
COUNTY	DELEGATE				
1. Allegan	O. D. Hudnutt	x	x	x	x
2. Alpena	W. E. Nesbitt	x	x	x	x
3. Barry	A. B. Gwinn	x	x	x	x
4. Bay	A. D. Allen	x	x	x	x
	W. S. Stinson	x	x	x	x
5. Berrien	D. W. Thorup	x	x	x	x
6. Branch	R. L. Wade	x	x	x	x
7. Calhoun	B. G. Holtom	x	x	x	x
8. Cass	S. L. Loupee	x	x	x	x
9. Chippewa-Mackinac	B. T. Montgomery	x	x	x	–
10. Clinton	T. Y. Ho	x	x	x	x
11. Delta-Schoolcraft	A. H. Miller	x	x	x	x
12. Dickinson-Iron	D. R. Smith	x	x	–	x
13. Eaton	G. C. Stucky	x	x	x	x
14. Genesee	A. H. Kretchmar	x	x	x	x
	J. E. Livesay	x	x	x	x
	A. C. Pfeifer	x	x	x	x
	A. N. Thompson	x	x	x	x
15. Gogebic	W. L. Maccani	Not Repres'd.			
16. Grand Traverse-Leelanau-Benzie	C. E. Lemen	x	x	x	x
17. Gratiot-Isabella-Clare	M. G. Becker	x	x	x	x
18. Hillsdale	L. W. Day	x	x	x	x
19. Houghton-Baraga-Keweenaw	A. M. Roche	x	x	x	x
20. Huron	C. W. Oakes	x	x	x	x
21. Ingham	R. S. Breakey	x	x	x	x
	L. C. Christian	x	x	x	x
	H. W. Wiley	x	x	x	x
22. Ionia-Montcalm	M. M. Hansen	Not Repres'd.			
23. Jackson	C. S. Clarke	x	x	x	x
	James J. O'Meara	x	x	x	x
24. Kalamazoo	R. J. Armstrong	x	x	x	x
	L. W. Gerstner	x	x	x	x
25 Kent	R. H. Denham	x	x	x	x
	Harry Lieffers	x	x	x	x
	W. B. Mitchell	x	x	x	x
	L. E. Sevey	x	x	x	x
	Andrew VanSolkema	x	x	x	x
	A. V. Wenger	x	x	x	–
26. Lapeer	D. J. O'Brien	x	x	x	x
27. Lenawee	P. L. Miller	Not Repres'd.			
28. Livingston	H. G. Huntington	x	x	x	x
29. Luce	F. R. Koss	Not Repres'd.			
30. Macomb	A. A. Thompson	Not Repres'd.			
31. Manistee	E. A. Oakes	x	x	x	x
32. Marquette-Alger	W. C. Lambert	Not Repres'd.			
33. Mason	C. A. Paukstis	x	x	x	x
34. Mecosta-Osceola-Lake	T. P. Treynor	x	x	x	x
35. Menominee	W. S. Jones	x	x	–	x
36. Midland	J. H. Sherk	x	x	x	x
37. Monroe	T. A. McDonald	x	x	x	x
38. Muskegon	L. E. Holly	x	x	–	–
	T. J. Kane	x	x	x	x
39. Newaygo	J. W. O'Neill	x	–	x	x
40. North Central Counties	R. C. Peckham	x	x	–	x
41. Northern Michigan	John Rodger	x	x	x	x
42. Oakland	R. H. Baker	x	x	x	x
	H. A. Furlong	x	x	x	x
	P. E. Sutton	x	x	x	x
43. Oceana	W. G. Robinson	x	x	x	–
44. Ontonagon	W. F. Strong	x	x	–	x
45. Ottawa	D. C. Bloemendaal	x	x	x	x
46. Saginaw	L. C. Harvie	x	x	x	x
	Herbert Kleekamp	x	x	x	x
47. Sanilac	N. J. Ellis	–	x	–	–
48. Shiawassee	C. L. Weston	x	x	x	x
49. St. Clair	George Waters	x	x	x	x
50. St. Joseph	R. A. Springer	x	x	x	x
51. Tuscola	L. L. Savage	x	x	x	x
52. Van Buren	W. R. Young	x	x	x	x
53. Washtenaw	P. S. Barker	x	x	x	x
	B. M. Harris	x	x	x	x
	H. H. Riecker	x	x	x	x
	C. H. Ross	x	–	–	–
54. Wayne	W. W. Babcock	x	x	x	x
	L. J. Bailey	x	x	x	x
	W. D. Barrett	x	x	x	x
	William Bromme	x	x	x	x
	W. L. Brosius	x	x	x	x
	F. G. Buesser	x	x	x	–
	C. L. Candler	x	x	–	–
	W. J. Cassidy	x	x	x	–
	M. A. Darling	x	x	x	x
	H. F. Dibble	x	x	x	x
	Douglas Donald	x	x	x	–
	B. H. Douglas	x	x	x	x
	H. B. Fenech	x	x	x	x
	L. J. Gariepy	x	–	–	–
	T. K. Gruber	x	x	x	x
	W. B. Harm	x	x	x	x
	C. K. Hasley	x	x	x	x
	L. T. Henderson	x	–	–	–
	L. W. Hull	x	x	x	x
	S. W. Insley	x	x	x	x
	R. A. Johnson	x	x	x	x
	J. A. Kasper	x	x	x	x
	E. G. Krieg	x	x	x	x
	H. J. Kullman	x	x	x	–
	C. E. Lemmon	x	x	x	x
	J. J. Lightbody	x	x	x	x
	L. J. Morand	x	x	x	x
	H. L. Morris	x	x	x	x
	R. L. Novy	x	x	x	x
	E. A. Osius	x	x	x	x
	C. I. Owen	x	x	x	x
	G. C. Penberthy	x	x	x	x
	R. H. Pino	x	x	x	x
	Lawrence Pratt	x	x	–	x
	Carl S. Ratigan	x	x	x	–
	D. C. Somers	x	x	x	–
	E. D. Spalding	x	x	x	x
	E. C. Texter	x	x	x	x
	R. V. Walker	x	x	x	x
	Arch Walls	x	x	x	x
	John E. Webster	x	x	x	x
	F. A. Weiser	x	x	x	x
55. Wexford	L. E. Showalter	x	x	x	x

(Announcements)

THE SPEAKER: I will ask the Vice Speaker to take the Chair.

(Vice Speaker R. H. Baker, M.D., Oakland, assumed the Chair)

THE VICE SPEAKER: It is now my pleasure, gentlemen, to introduce the Speaker of the House, Dr. J. S. DeTar, who will give the Speaker's Address to the House of Delegates.

II. Speaker's Address

Members of the House of Delegates:

In preparing this report, I have assumed that the framers of the Constitution of this Society placed the Speaker of the House on the Executive Committee of the Council as a representative of the House of Delegates; and that it is the duty of the Speaker to report back to

the House his impressions of the year's work between sessions.

I state very frankly that as I learned more of the work of the MSMS and of the men doing that work, I was impressed by the tremendous amount of thought and time they expended on behalf of the health and the physicians of Michigan. The Chairman of the Council, Dr. E. F. Sladek, gave seventy-one days to the work of the Society last year. The legal counsel of our Society, Mr. J. Joseph Herbert, told me recently that he has never seen an organization in which even the smallest problem is so carefully scrutinized before action is taken. You may rest assured that if the actions of the Council, and of its Executive Committee do not meet with general approval, it is not because of careless or hurried consideration.

There are several aspects of the work done by the Council and the Executive Committee on which I should *like* to report. I feel, however, that I should be remiss in my duty if I failed to report more fully the one project on which there has been the greatest amount of money expended, which has received praise and commendation from many sources outside the immediate Society, which has received some criticism within the organization, and the one subject with which I am most familiar. I refer to our educational campaign, the Public Relations effort of the Michigan State Medical Society.

All of our members have received for consideration the Public Relations Plan and two supplements detailing the newspaper and radio activity. We have had numerous legislative and public relations bulletins during the year. We have had the annual report of the Public Relations Committee, plus a supplemental report of the Council dealing with public relations activities. We have received an outline of the proposed public relations activities and budget for 1948.

I shall not repeat these reports, but should like rather to review some policies, aspects and reactions to the public relations program which may not be immediately apparent, but about which we should be informed.

There has been criticism of some of the media used. The Council of one county society has protested the use of advertising in the labor and daily newspapers in their county as a waste of funds. Criticism has been voiced of the debate topic in high schools, which was so worded as to give the proponents of socialized medicine some technical advantages. In respect to that criticism, it should in all fairness be pointed out that the Michigan State Medical Society had no voice in the selection of the topic for debate, or in the wording of the question, and that your Society made the best of the matter by supplying all available material to all schools in Michigan, and to a great many schools in other states.

There was outspoken criticism as well as enthusiastic support of the pamphlets produced in 1946. This type of pamphlet was discontinued this year. There has been no criticism in 1947.

Further, there has been expressed a marked difference of opinion as to the necessity of any public relations program at all. There are those who feel that the essence of good public relations is simply good private relations by the individual doctor (and with that we all agree), and that such privately promoted good will is sufficient (and with that many of us disagree).

Summing up the criticism, we might say that it disapproves certain of the media utilized, and to a degree involves the basic policy of the public relations effort.

This is to be expected in any organization of 4,707 members. The expressed will of the majority, as indicated in the actions taken by this House of Delegates, has been the determining factor in molding the decisions of the Council, at all times. Although you have for your analysis the reports of the Council, I should like to add these observations:

In 1945 we spent $25,923 on radio broadcasts for which we received nine sixty-minute hours on the air in twenty-eight broadcasts using one station only.

In 1946 we spent $18,156 on radio broadcasts for which we received sixteen and a quarter sixty-minute hours on the air, on sixty-six broadcasts, using sixteen stations.

In 1947, by December 31, we shall have spent $19,364 on radio broadcasts for which we shall have received three hundred and seventy-two sixty-minute hours on the air, and 3,891 broadcasts over nineteen stations. This year in return for the careful planning of our public relations counsel and an expenditure of $19,364, we will receive the equivalent value of $121,550 in air time. I repeat: for $19,000 we are getting over $120,000 in radio time. In other words, just for this year's radio program, it would have cost $136,050, had not successful arrangements been made for free time or outside sponsorship. For the "Tell me, Doctor" program alone, the Michigan State Medical Society during 1947 will have made 3,612 broadcasts. The acceptance of these programs has been excellent, by physicians and laymen alike. The Michigan State Medical Society has found a powerful voice in radio, and has effected a saving of well over a hundred thousand dollars. The 1948 Budget includes a figure of $14,500 for Radio Broadcasts—less than we have ever spent—And we anticipate an increase in number of broadcasts because of their popularity.

Legislation which was passed during the last session of the State Legislature increasing the top limits for fees for Doctors of Medicine for work done for governmental agencies will mean, in the aggregate, hundreds of thousands of dollars to the physicians in Michigan. This increase in fees was due in large part to the receptive attitude of legislators, created by the activities of our Society. Public Relations pays off in good will; but this time the results are in more tangible form. The total increment to the profession by reason of this increase in fee schedules will be greater in 1948 than the cost of the entire public relations program since its inception.

Your public relations Committee and Counsel have endeavored to economize on all fronts. In pamphlet publication, for example, the amount allocated has *not* been spent. The Michigan Society for Crippled Children and Disabled Adults, as well as the Michigan Foundation for Medical and Health Education, with the assistance of our Public Relations Counsel, have published pamphlets *at their own expense,* on subjects of definite medical public relations value, thus reducing expenditures which might have been made from our own fund. Every device has been used to obtain favorable rates in printing, mailing, and in other services, for economy. Less money was spent for office space than anticipated in the 1947 budget. The cost of our committee meetings was less than planned because some committee members did not submit bills for expenses, for which we express gratitude. The cost of the Public Relations Conference was eliminated by combining it with the Secretaries' Conference in February. We did not spend as much as anticipated in national organizations. Necessary travel expenses of the Public Relations Counsel were minimized by traveling with officers and other staff members. Unfortunate inactivity of the Michigan Health Council can enforce saving of $5,000 which was budgeted for the purpose. The total of all these savings is over $12,000.

By these and other economies we have been able to add to our original reserve of $30,000 from 1946, another $30,000 from the 1947 budget, and still cover the costs of the entire program. The Executive Committee of the Council placed this $60,000 in a special reserve for public relations emergencies. In the 1948 budget no additional reserve is planned, yet every item has been carefully reviewed and pared down to a minimum. The wisdom of holding the reserve as now set up will become apparent if Michigan is ever faced with the emergency which California fought through in 1946. In that year the California Medical Association was forced to spend $200,000 on an emergency public relations program, and is continuing its public relations

efforts on a scale even larger this year to prevent such emergencies in the future.

We have not been faced with such a legislative emergency during 1947. Whether the lull in the activities of the proponents of government-controlled medicine can be attributed to our public relations efforts is difficult to determine.

We do know, however, that large amounts of Federal money—the public's money— have gone, and are now going, into the campaign for government control of medical service. We know that persons in the Federal Security Administration have exerted, and continue to exert pressure in a well-planned long-term campaign. One need only to read the Harness report to Congress, published July 2, 1947, for substantiation. To quote one paragraph from this report:

"Suffice it at this time for your committee to report its firm conclusion on the basis of the evidence at hand, that American Communism holds this program (Socialized Medicine) as a cardinal point in its objectives; and that, in some instances, known Communists and fellow-travelers within the Federal agencies are at work diligently with Federal funds in furtherance of the Moscow party line in this regard."

I quote the words of Major General Paul R. Hawley:

"I am amazed to find how few physicians realize just how close we are to some form of socializing of medicine. They have been drugged into believing that bills before the Congress are merely the ideas of crack-pots which have no chance of ever becoming law. Nothing could be farther from the truth. Just as sure as we are together today, if medicine does not offer a workable solution to this real problem, some plan will be forced upon the medical profession."

At this session of the House of Delegates, then, we must take stock of our progress and I raise the question: shall we lessen our public relations efforts as a group, and concentrate only as individuals, or shall we maintain our efforts as an organization, and at the same time continue our efforts as individuals?

Much of our public relations effort has been directed to the end of encouraging good private relations between physician and patient, impressing upon our membership, upon each of our 4,707 members, his own responsibility in the over-all program, and supplying him with the facts on medical economic problems through pamphlets, meetings, bulletins, and the pages of THE JOURNAL.

For my part, I agree with a statement found in a report on public relations made to the Colorado State Medical Society which says in part:

"It can be said categorically that despite the vast amount of good will on the part of patients toward individual doctors, doctors *as a group* have become increasingly isolated from the rest of the community. They do not now enjoy *collectively* the respect, appreciation and understanding which are their only real bulwarks against unfavorable reactions to their profession."

I believe the Michigan public relations program is taking steps to change that situation to a more favorable one in our state. Many of these activities—on which we are spending our own money—are definitely in the public service, and are not for the economic protection of the doctor. I refer to such activities as the rural health conference, the rural health survey, the many ramifications of the Medical Plan for Michigan, about which we will hear more during this meeting. I refer to the extensive plans of the Commission on Health Care, to the work of the Michigan Foundation for Medical and Health Education. These projects are not defensive or protective in nature. They are definitely of the nature of public service.

It takes time to develop a comprehensive program. In 1946 we were mapping the way. In 1947 we have had many projects in the first stages of activity. 1948 should see tremendous progress on all fronts. We must continue our efforts as an organization in the public service—and we must let the public know what we are doing.

I have asked the President-elect to relieve me of the office of chairman of the Public Relations Committee. I have tried to report to you today, as your representative on the Council, these additional observations. Our problem today is one of policy. Your decision on the public relations program will determine whether or not we will continue as an organization, to include in our program more and more projects in the public interest, and whether we will continue to carry on a campaign of public education.

The decision of the House of Delegates in 1945 to embark on an extensive public relations program has been reflected in similar activity in many parts of the nation. Requests for our program, our literature, our techniques, have come from Colorado, Wisconsin, Virginia, Vermont, Tennessee, Pennsylvania, North Dakota, New York, Idaho, District of Columbia, and Alabama.

The newspaper editors of the state have been most gracious. Mr. Brenneman has in his files dozens of unsolicited letters from editors throughout Michigan, complimenting the Michigan State Medical Society for its works of public service and its campaign of education. Their attitude is important, for, as Dr. Clarence L. Candler said in his Wayne County inaugural address this year: "One editorial favorable to medicine is worth more than a full page ad." Mark Beltare said in the *Detroit Free Press*, "The Michigan State Medical Society is recognized as one of the most progressive in the nation."

Similar comments have come from editors of newspapers in Marshall, Sturgis, Albion, Petosky, Houghton, Traverse City, Big Rapids, Ypsilanti, Cheboygan, Cadillac, and elsewhere. Comments of this type from newswritters and editors indicate a sympathetic attitude on the part of men who are powerful molders of public opinion.

I should like to close with a quotation taken from a talk made by Dr. John W. Cline of San Francisco, the president of the California Medical Association. Speaking in January of this year, to the California physicians, about the California public relations program, his words seem particularly appropriate in Michigan. Said Dr. Cline:

"No longer can our organizations confine themselves to purely scientific matters. Our county and state societies and the AMA must necessarily make their influence felt in matters which concern public health and welfare and the practice of medicine.

"Projects such as those outlined [he was referring to the California public relations program] are necessarily expensive. During the past year the California Medical Association has expended more than *two hundred thousand dollars*. The expenditure for 1947 will be half again greater. To many this will seem to be a very large outlay, but American medicine is on the threshold of decision. The hour may be later than we think. Let it not be said that we were too niggardly to defend our freedom and the American way of life with sufficient force to prevent the advance of Socialism. If the keystone of medicine falls, the next pressure will push over the entire structure of free enterprise. We need only to look at the English experience. Compulsory Health Insurance came in 1912. Now, 1947, barely a generation later, has witnessed the complete socialization of medicine, of the Bank of England, of the railroads, of the coal mines, and of the land. We cannot afford to ignore the historical parallel. It is far wiser to do more than necessary, than too little. We should look forward to greater efforts and expenditures rather than to complacency and economy."

And now, having reported to you the situation as I see it, I wish to voice to you a pledge. As Speaker of the House, I pledge to you that from this minute I shall have no further opinion on any subject, but shall follow to the letter the advice given to me by our immediate past-Speaker and President-elect, Dr. Patrick L. Ledwidge, when he said to me at the close of the last session:

"Take no sides, be fair, and impartial, and be sure that both sides of any question have ample opportunity to voice their views."

THE SPEAKER: Now, gentlemen, it is my pleasure to introduce to you the President of our Society, Dr. William A. Hyland, of Grand Rapids.

III. President's Address

There is not very much for the President to do at this session except to welcome you. I wish to extend a welcome to this House of Delegates on behalf of Grand Rapids. By virtue of the Constitution of this Society, the House of Delegates is the governing body of this organization, and when it is not in session The Council takes its place.

You are the governing body, and your word is law. It is your duty to weigh the problems and questions that come up. As Dr. DeTar said, you have to look at things with an impartial view, and do what you think is best for medicine in general and for this Society.

The officers will be here to join in your meetings and deliberations, and we will be glad to give you any advice we can, or any explanations you may wish concerning decisions we have made during the past year. I ask you to view these questions and resolutions intelligently, and be sure you are stating matters clearly when you present them. Much time has been lost in the past by a point not having been made clear enough for all to grasp.

It reminds me of the story of the fellow sitting at the bar. A girl came in hurriedly, had four drinks in rapid succession, and then she slowed down. He wondered why she slowed down, so he said, "What's the matter? Will five make you dizzy?" She said, "The name is Daisy, but I'm interested in your proposition." That was lack of clarity in the question.

I trust you will pose your questions intelligently. I wish to thank all of you for your work last year and your work on committees. On behalf of the members of The Council may I extend congratulations to you upon your being elected again for this year. We will be at your service.

Thank you.

THE SPEAKER: By comparison that sounds like Lincoln's Gettysburg Address, doesn't it. Dr. Hyland is always clear and to the point.

The next item on the agenda is the address of the President-elect, Dr. P. L. Ledwidge, of Detroit.

IV. President-elect's Address

Your President-elect has only a few remarks to make. It is needless to say that having sat on the Executive Committee of the Council for the past six years I have had much to do with formulating and am heartily in accord with the various projects that the Michigan State Medical Society now has under way. All of these projects have been or will be discussed by the other officers at this meeting. Perhaps a few of them deserve special emphasis.

Postgraduate education certainly is one of the most important functions of this Society. For many years courses have been given in the various postgraduate centers throughout the state. On the whole these courses have been excellent and a great credit to the Committee on Postgraduate Education, under whose direction they are given. However, an occasional criticism would seem to indicate a possible demand for further expansion. I am sure that the members of the Committee on Postgraduate Education headed by our beloved past president, Dr. Howard Cummings, have the desire and the ability to make these programs satisfy every reasonable wish of our members. Let them know what you want.

Last year a new innovation in postgraduate medicine in Michigan came into being—The Michigan Postgraduate Clinical Institute. Its purpose is twofold: (1) to bring up-to-the-minute information on scientific clinical medicine to our membership; (2) to show to the world that we have in Michigan men capable of providing the very best in postgraduate medical teaching, and to train our younger men to carry on in this work. Contrary to the custom in our annual Scientific Assembly held in September each year, where most of the speakers come from outside of Michigan, every speaker for the Michigan Postgraduate Clinical Institute is a member of Michigan State Medical Society. The first meeting held in March, 1947, was an outstanding success. Plans for the 1948 Institute already are well under way. It should be made an annual event and the policy of choosing all speakers from our own membership should be perpetuated.

In last year's address as Speaker of the House, I pointed out the necessity of a public relations program, and expressed the opinion that it should be financed by a special assessment with funds collected earmarked for that purpose. Dr. DeTar has given you a detailed and illuminating report on the work done by his Committee during this past year. The need for this work still exists. The public relations program should be continued. Every councillor district and nearly every locality in the state is represented by membership on the Public Relations Committee. These men are there to advance your interests and to express your wishes. Please let them have your help and suggestions in this necessary and difficult work.

The 1945 House of Delegates created the Commission on Health Care, with Dr. Ralph Pino as chairman. Following the chairman's report of last year, the 1946 House of Delegates instructed the Commission to continue its work. The progress report for the past twelve months is item VII on this afternoon's agenda. It no doubt will be both interesting and informative. Dr. Pino is a man of ideals and ideas. He has that imagination so necessary for advanced thinking, and in which so many of us are completely lacking. He and his Commission should have our wholehearted support until such time as all the practical possibilities of the things they are studying have been thoroughly explored.

There is considerable criticism of the Michigan Basic Science Law—criticism to the extent that some have suggested its repeal. Apparently most of the difficulty arises from the fact that the combination of the Basic Science Law and the present administrative rules of the Michigan Board of Registration in Medicine is not satisfactory. The House of Delegates recognized this unsatisfactory situation and in September, 1945, passed a resolution requesting the Board of Registration to institute remedial measures. After a careful study of the statutes and the administrative rules by our legal advisor, Mr. J. J. Herbert, the Council in January, 1946, petitioned the Board of Registration in Medicine to grant to second-year interns and hospital residents the privilege to continue their studies under proper rules and supervision without being licensed to practice medicine. The necessary changes in the administrative rules to permit of this privilege were outlined by our legal counsel and embodied in the petition.

For some reason, which has never been made clear, the members of the Board of Registration in Medicine were at that time reluctant to extend this privilege to residents. They did, however, grant it to second-year interns as of June, 1946. This action by the Board was greatly appreciated by all concerned and did much to improve a bad situation. *It is not enough.* The rules should be further liberalized to include third and fourth-year residents so that four full years of training after graduation from Medical School may be allowed prior to licensure to practice medicine.

This is not an argument either for or against changes in the Basic Science Law which would require legislative action. It could be done by a simple ruling of the Board and could be given immediate effect. It would go a long way toward correcting this nuisance that is now causing such bitter criticism. The Council plans to make this recommendation to the Board. Your endorsement of the recommendation is highly desirable.

Before closing I should like to pay tribute to President William A. Hyland. His genial personality, his gift of natural leadership, his keen interest in the science of medicine, his fine business judgment, his wide acquaintance, and his splendid ability to get things done without fuss or flurry have made him one of the most outstanding of the long list of eminent physicians who

have served as president of the Michigan State Medical Society. We owe him a debt of gratitude.

Finally I beg your most generous co-operation in next year's work. These are difficult times for medicine, and the responsibilities of your officers are heavy. To do well the things that lie before us will require the active help and the best thinking of every one of our 4,707 members.

THE SPEAKER: Thank you, Dr. Ledwidge.

The reports of the Speaker, the President-elect and the President will be referred to the Special Committee on Officers' Reports for consideration.

Next on the agenda is the annual report of The Council. Dr. E. F. Sladek, Traverse City, Chairman of The Council.

V. Annual Reports of The Council

E. F. SLADEK, M.D., (Traverse City): Mr. Speaker, the annual Report of The Council will be found in the handbook, and the supplemental report of The Council is not complete as yet.

THE SPEAKER: When Dr. Sladek is ready with the report, please inform the Speaker and we will call for it. [See page 1305.]

The next item will be the report of the Delegates to the American Medical Association, given by Dr. L. G. Christian, of Lansing.

VI. Report of Delegates to AMA House of Delegates

The delegates to the American Medical Association have continued to work in perfect accord and have attempted to carry out the instructions and suggestions of this House, and The Council of the State Medical Society.

There are two meetings each year for the delegates to attend. Supplemental meeting was held in Chicago, December, 1946. This was brought about at the suggestion of former President Roger I. Lee, because of the fact that the work of the Association has so increased that it necessitated two meetings each year. All of your delegates were present at every session of the House.

The first meeting was Monday morning, December 9, and was called to order by Dr. R. W. Fouts of Omaha, the speaker. The minutes of the proceedings of the San Francisco session were adopted. Dr. Fouts then made a few remarks and a short address, outlining the policies the speaker was to follow during our session, and followed this by appointing the various reference committees. Then Dr. Harrison H. Shoulders, president of the AMA, gave a short talk. Dr. Olin West, president-elect, was called upon, and made a few remarks. This was followed by the report of the Board of Trustees, setting forth all the activities of the Association that come under their particular jurisdiction. That report is too lengthy to repeat here, but is of vital importance.

Your delegates would like to refer you to the proceedings as printed in the *Journal of the AMA;* the report is full of meat and will show you the inner workings of your senior organization.

The secretary's report, by Dr. George F. Lull, was then read, showing an increase to 129,145 members of the AMA as of December 1, 1946. The various standing committees and councils then gave their reports, and they were all approved.

The report of the Council on Medical Service, by its chairman, Dr. E. J. McCormick, was listened to with rapt attention, as it seems to be the only organization of the AMA that is most closely watching the Washington situation. A special committee was appointed by the Speaker to study the Rich report. In the Executive Session the entire Rich report was considered section by section, and was all accepted and adopted, with the exception of that part of the report that dealt with the National Physicians' Committee. This caused quite a disturbance among the officers and delegates; however, oil was poured on the water, and no real controversies followed.

New Business: A resolution by Dr. E. V. Askey, of California, under requirements for approval of Hospitals, is of most vital importance to the medical profession of the United States, and particularly to the general practitioner. The resolution read in part:

"Resolved, That the House of Delegates of the American Medical Association suggests to the Council on Medical Education and Hospitals and directs it to further the realization of this suggestion, to wit:

"The requirements for approval of hospitals shall be so defined that there shall be (1) adequate protection of the rights of all doctors and their patients in obtaining hospitalization to the end that general practitioners as well as specialists shall have access to and use of hospital facilities; (2) that the criterion of whether a doctor may be a member of a staff or a head of a department shall be his actual ability as a doctor and not dependent on special society or board membership; (3) that the American College of Surgeons be urged to conform to these general policies in their procedures in the standardization of hospitals, and (4) that the American College of Physicians be urged to support this policy."

The resolution was sent to the Committee on Medical Education in Hospitals. The entire Michigan delegation, appeared and talked for the adoption of this resolution. I am happy to say that the committee reported favorably upon it, and it was adopted by the House of Delegates, and that the AMA, through the Council on Medical Education in Hospitals, has now written to every registered hospital in the United States, stating as their policy, that no discrimination against a general practitioner be employed.

Dr. Hamer of Indiana, introduced a resolution, calling for a convention at Atlantic City in June; this was also adopted. A resolution granting membership in the AMA to physicians employed by the Veterans Administration, those who are permanently staffed, allowed them to become members of organized medicine.

Dr. Thomas Gruber of Michigan introduced a resolution relating to general practice in approved hospitals that tied in very closely with that of Dr. Askey of California; it was passed on, and now is the policy of the AMA.

An address by Rear Admiral Joel T. Boone, on sanitary and medical conditions in the various coal mines, wasn't pretty to hear.

At the Executive Session, the House considered, paragraph by paragraph, the Rich report, as was said previously; it is practically all adopted with the exception of that portion relating to the activities of the National Physicians' Committee.

During the interval between the Chicago supplemental session and the annual session in Atlantic City, Dr. Olin West resigned as president-elect and was succeeded by Dr. Edward L. Borst of Philadelphia, the vice president.

A complete revamping of the Constitution and the By-Laws is now under way, and will be considered at the next annual meeting to be held in Cleveland.

The Atlantic City meeting of the AMA, as you all know, was the one hundredth anniversary of our senior medical society. Over 13,000 physicians registered. The formal opening of the meeting was preceded by some fifteen or twenty organizations who held their conventions during the week previous to the convening of the AMA. On Sunday before the opening of the House of Delegates, the Grass Roots Meeting was held under the auspices of the Board of Trustees. A goodly number of representatives from nearly all the states were present, and most of the boys had something to say—particularly the general practitioners—telling of their experiences back home in the difficulty in finding hospital beds for their patients. A number of the Board of Trustees were present and added impetus to the discussion. Michigan was represented by Dr. L. Fernald Foster, our secretary, who talked on the subjects under discussion and answered questions intelligently. Senator Taft was present and addressed the state presidents and other officers of the State Associations, as did Surgeon General Hawley of the Veterans Administration and General Omar Bradley. In fact, prior to the meeting, there were too

many meetings for the delegates to attend and report upon. The House of Delegates, as usual, convened on Monday morning and after the addresses of the speaker, the president and the president-elect, the report of the Board of Trustees was brought forth. After being referred to the proper reference committees, they were all adopted by acclamation and applause. Since it was the one hundredth anniversary of the AMA, all of the medical associations of the world were invited, and I understand that practically all of the nations of the world were represented with the exceptions of Germany, Russia and Japan. Dr. Morris Fishbein, in his usual suave way, introduced these various representatives—how he got by with some of the names is more than we can understand, but he did and we all applauded. Many of the distinguished foreign guests addressed the House, much of which we failed to understand.

The British Medical Society had three representatives, a president, a secretary and president-elect. The Australian Branch of the British Medical Society was represented by the president who made one of the best talks of the entire meeting. The Canadian Medical Association was represented through their secretary, who this time made a profound appeal for the success of the World Medical Society which is to meet in Paris next month. As usual, many resolutions of various types were introduced. Most of them passed. Michigan's resolution pertaining to exemption from income tax in attending medical postgraduate programs was passed and the matter referred to the Board of Trustees. We hope they may do something about it. Two Executive Sessions were held on the Rich report. It was culminated by the resignation of Mr. Swart who was the public relations man of the AMA. Mr. Swart had been hired at the suggestion of Mr. Rich. Mr. Rich later resigned. This was greeted by a lot of applause by the entire House. As previously reported, the Rich report was adopted in the Chicago session with the exception of that portion that pertained to the National Physicians' Committee. This was the bone of contention, and Mr. Rich, evidently finding the going hard, submitted his resignation after taking quite a beating. The session was the longest that had been held in the memory of your delegates. We worked from Monday morning until Thursday afternoon —early morning, afternoon, and on occasion, evening meetings. A highlight of the convention was the Delegates' Luncheon which was addressed by Secretary-of-War Patterson who gave us a rousing talk that stimulated and in some cases enthralled us all. There was not too much politics in this meeting. It seemed the delegates had pretty well made up their minds previously.

Candidates for President-Elect: S. S. Crockett of Indiana nominated R. L. Sensinich of South Bend who had served on the Board of Trustees for ten years and was the retiring chairman; Dr. Walter E. Vest of West Virginia presented the name of Dr. James R. Bloss of West Virginia. Dr. Sensinich won handily. Dr. Thomas McGoldrick of New York was elected Vice President. Dr. George Lull was re-elected Secretary. Dr. Roy W. Fouts of Omaha was re-elected Speaker of the House of Delegates. Dr. Francis Borzell of Philadelphia was elected Vice Speaker. Dr. E. J. McCormick of Toledo was elected as a member of the Board of Trustees, succeeding Dr. R. L. Sensinich of Indiana. Dr. Dwight Murray of California was re-elected to succeed himself on the Board of Trustees. First in nomination for the vacancy on the Council on Medical Service was Dr. Robert L. Novy of Detroit, then Dr. L. Howard Shriver of Cincinnati and Dr. Elmer Hess of Erie, Pennsylvania. Dr. Shriver withdrew his name from the nomination.

The business having been concluded with the exception of a place to meet in 1950, the House of Delegates chose San Francisco. Get your reservations early, by train and plane and at hotel.

THE SPEAKER: Thank you, Dr. Christian. The report will be referred to the Reference Committee on Officers' Reports.

The next item on the agenda is the report of the Commission on Health Care, which will be given by Dr. Ralph Pino, of Wayne County.

VII. Annual Report of Commission on Health Care

RALPH PINO, M.D., (Wayne): I want to supplement the report as found on page 52 in the Handbook.

I will go back a little bit, because I understand there are some who really do not know the function and the material and the plans of the Commission on Health Care.

You will recall that the purpose had to do, in the beginning, with the irregular practitioner. That is No. 1. No. 2 is completing the field of therapeutics ourselves.

I will give you just a little of our experience as we tried to study the problem of the irregular practitioner. Among the first to come before the Commission to give us advice from one angle was Dr. Madison, who is the Chairman of the Basic Science Board of Michigan and also President of the National Association of Basic Science Boards.

Briefly, we got only this far: in the minds of the members of the Basic Science Boards the whole situation is most unsatisfactory. The various states have diffierent types of setups, so an individual going from one state to another finds that the rules are different. The Boards concluded at their national meeting that there was only one answer from the standpoint of those delegated to administer this, namely, that they would have to get together and form one basic science law for all the states, in order to be able to handle the matter with any degree of satisfaction. That is the report left with us, and there was nothing more we could do about it.

In regard to the irregular practitioner, which includes all we call irregular, we had with us the attorney for the Wayne County Medical Society, Mr. Culver, also the attorney for the Michigan State Medical Society, Mr. Herbert, and Captain Potter of the Department of Law Enforcement of the State of Michigan having to do with health.

In all of the deliberations we could only conclude that there was nothing we could do about this matter under the present circumstances except to collect such data as would be applicable in the courts, and to take some of these men to court and so establish the things we feel should be established in the minds of the people and in the minds of the health professions. That is a great deal more difficult than you would imagine. As citizens of this state, we do not have access to the records of the Board of Licensure in Osteopathy.

Let us say that could be broken down. Well, when you find the person who can break it down, bring him to the Commission and he will tell us how—or would have, were it not for the fact that up to this time I think this whole problem has been taken over by The Council. A little later I will have a recommendation to submit from the Commission on this report.

The osteopaths aren't the only ones. In the discussion of the next problem with which we have tried to deal, I want to bring to your attention some things having to do with completing the field of therapeutics ourselves. I have a few slides which I want you to see. These are the things that come to the attention of the public. Everything we are dealing with here has to do with our public relations. If I say more about public relations than you feel I should, I can't be blamed, because we can't get along without them. That is what they are.

(Slide) At a recent meeting of the chiropodists in Detroit this picture was shown on the front page of the paper. Why do I call this to your attention? As I go along I want to tell you that the chiropodists are doing major surgery because we are not doing it.

(Slide) "All foot ailments treated. Complete x-ray service. Electro and hydrotherapy. Custom-built arch supports." This is public relations. These people know public relations; these people spend money on public relations. They can afford it because the people are going to them in such numbers that one has to have an

appointment a month in advance because the need of foot care is so great.

(Slide) This is on the same subject. I am not finding fault, gentlemen. We must not call names of those who are doing things we are not doing.

(Slide) "Clear-Skin Institute." Can you read it?

(Slide) Electrolysis at $250 for both legs! If there is a dermatologist in the house, do these people come to you?

(Slide) "The miracle of vision—the story with a happy ending." Contact lenses.

(Slide) "True Stories of Happy People." Contact lenses.

(Slide) Of course this fellow does not belong to our organization.

(Slide) He does this, too.

(Slide) Physiotherapy. "Nervous Disorders—Natural Methods!"

(Slide) "Dermaway University." The word "university" in the minds of 90 per cent of the people has but one meaning.

(Slide) It would be worth while to read this. It came out in the Plymouth paper. We talk about public relations! The Plymouth paper is run by one of our very excellent men in the State Senate, but the public relations practiced by these people is such that they get this: "Large X-Ray Unit Now Available Here." You might say, "We have a library now, we have an art museum, we have this and that, and behold! now we have come to the point where we have a large x-ray unit!"

"Used primarily as an aid in diagnosis"—and when I read this I remembered that it sounds all right to the individual in that town who reads it—"just recently there has been installed in the Pennyman Building offices of Dr. G. K. Ashton, chiropractic physician, a new x-ray machine. The unit is one of the largest in the country and one of the first postwar units of its type in the State. It is called a 'North American Philips,' 100-100 unit, and is capable of taking a picture of the entire spine on a 36" long negative."

At the end it says, "He invites inspection of both these new instruments at any time during his office hours."

"Another new diagnostic aid which the chiropractor has just had installed is an electric 'heartometer' which actually records the true function of the heart."

(Slide) Here is our friend Val Clare, in one of the finest brochures that has come out recently, describing and telling about a place where eyes may be straightened. This same clinic puts out pamphlets. I am not finding fault, gentlemen; I am telling you about public relations.

This clinic puts out pamphlets on the treatment of cancer by sunshine, and only when the sun shines. Another pamphlet is on the treatment of hernia without operation; another is on rectal diseases. Now they take men of public influence, such as Val Clare, who makes a statement and it comes out in something like this. This is public relations!

I said that our first project in the Commission on Health Care concerned irregular practitioners. The second is completing the field of therapeutics ourselves. I would like to call to your attention the various divisions which have to do with this subject:

Division of Dental Associates
Division of Dietetics
Division of Medical Secretaries and Librarians
Division of Nursing
Division of Clinical Laboratory Assistants
Division of Physical Medicine and Occupational Therapeutics
Division of Ophthalmic Associates
Division of Orthopedics and Dermatology
Division of X-Ray Technicians
Division of Clinical Psychology
Division of Medical and Surgical Art and Photography
Division of Associates to Hospital Administrators
Division of Economics of the Health Services
Division of Pharmacy
Division of Public Health (and Veterinarian Services)

We have added to these since then Practical Nursing, Mental Health Associates, Associates to Public Health Administrators, and we have had committees on each one of these. We have had fifteen committees, which have been made up of men of authority in these various subjects.

The Committee, let us say, having to do with Mental Care, tells us that tremendous numbers of psychologists, people who have graduated from various schools with a degree having to do with psychology, are out practicing medicine. They need to have set up associates in our medical schools so that does not have to be necessary.

These committees have worked untiringly, and except for the money that the Public Relations Committee could furnish to the Commission we could not have gotten together the volumes of material we have.

In order that you may know where the money goes, we can give you details even to postage. If they had not furnished me, as Chairman of this Commission, a full-time secretary on that job alone, we would not have had a report, that's all. We would not have been able to do very much about this. We took her from one of our best insurance companies and are paying her $275 a month. She can report to you, when it comes to the matter of what we are going to do about supporting public relations, the details of the cost.

The courses are being set up; many of them already have been set up, as you know. Nursing, for instance, already has been taken care of; laboratory technicians are taken care of; associates to the dermatologists has to be set up; associates to the orthopedic surgeons still has to be set up.

We are getting out a brochure, gotten together by these committees, which will be placed in all high schools and colleges and which will go to all the principals and vocational advisers in such schools. Let me show this to you. This is the format: "The New Field of Medical Associates. Michigan State Medical Society." It isn't entirely new, but it is new as far as the average student is concerned. They will read through this, and whereas before now they have known only of medicine and surgery or perhaps pharmacy and nursing, they can go down the list of fifteen important things in the field of medical care that they can get into.

As compared to these other things, this by the Michigan State Medical Society and the Michigan State Dental Society will go into the hands of all students who are interested in such things in this state. That means that you as doctors of medicine are talking to these students, and there is nothing more interesting or important to high school and college students than what they are going to do. Many of them are interested in the health sciences.

You know how more than once a day, over the radio, can be heard the call for nurses. People can't get them, due in part to a lack of public relations.

There will be and are a lot of things to say about it, but I shall stop talking right now, except to say that if we develop in assisting the doctor of medicine to do the things he hasn't time to do, and therefore cause patients to go to others, and supplied the number of assistants necessary, it would total about two million young people. At $200 a month it would mean a payroll of something like five billion dollars. We are paying out a lot of that already.

Let me give you a personal example: We showed a picture a few moments ago, the first one, having to do with contact lenses. A contact lens is a lens that fits under the eyelid, and it has to be put in very carefully, and must have a certain fluid that has to be just exactly right for the individual wearing it. This work is being done very largely by optometrists and others than optometrists. This coming month we will put into the course of opthalmology, in Harper Hospital, for our residents, a course in contact lens work. It will be taught by one of my associates, but we learned it from technicians and not from a doctor. The idea came originally from doctors, however.

The point is that we are going to teach that work, instead of having it done through these advertising agencies. It is just one example of doing the work ourselves or else not finding fault with others who do do it.

When an ophthalmologist sits hour upon hour and turns the lens this way or that way, and says, "Is it better this way, or this way?" that is bad economics in the distribution of medical care. True, he has to do it to begin with, but after a while that can be turned over to those who become even more expert, and then he can check on the work if he needs to, just as when a surgeon sends a patient to the hospital; he doesn't do the blood count and the urinalysis—that is taken care of by an already-set-up group of clinical laboratory technicians.

This is coming along in many of these groups, and we can give you details if you wish. It is sound from the standpoint of saving the doctor's time, sound from the standpoint of distributing more medical care. Health is always an economic asset, and it gives the opportunity of employment to a lot of people.

As to how this fits into the matter of public relations, one reason why I am talking about it is because this program needs support. Anything that distributes more medical care and brings it before people in a way they can understand is good public relations. Michigan Medical Service and Michigan Hospital Service, for example, are public services through private enterprise. That would be something the public relations people could use: public service through private enterprise.

And so we get this brochure before the students and the people. Let's not fool ourselves about this—we are not looked upon favorably at all in our schools, as far as the activities of the American Medical Association are concerned. They don't look upon its great values—they look instead at the great mistakes we have made. And while we strive here to raise money enough for public relations, the American Medical Association and various others have done great damage. The people don't understand at all why the Sister Kenny treatment should not have been examined by the medical profession.

If this subject were not as big as it is, as irregular practice and as compulsory health care, then we would not dwell upon it in this manner. If we could just remember in our public relations, as related to that statement about the Sister Kenny treatment and a lot of other things, that had the Southern and Commonwealth Utility Company gone into the Tennessee Valley (and we need to take a leaf out of that history in medicine), and had they said, "Here are great groups of people who are not getting electrical utility service, and this great valley needs flood control, and we think we can meter this stuff out of the air better than anybody else, so we will work with the government on flood control and will combine our interests," things would have been much different today. They didn't do it, and today we have a TVA which perhaps is a good thing, but the black eye that our utilities took along with private enterprise in this country—the unfavorableness of it—those companies will never live down. We are likely to go on to more and more Socialism in that direction.

The medical profession has taken a great stand in the Michigan Hospital Service and Michigan Medical Service. What did they do? It was public service through private enterprise.

Something was said here about the National Physicians' Committee. Publicly, gentlemen, that may be doing us a great deal of good; but we are here in the House of Delegates, not on the floor of our general meeting where the business of the medical profession is carried on. Gentlemen, I was one of the first to support the National Physicians' Committee, and if it can be proved to me that I ought to support it further, I will do so; but when in our public relations we put at the top of our letterheads, "Nonpolitical" when it isn't so, we are offsetting public relations. At any rate, we ought to be represented in politics and of course we are in Washington. We are dealing here with public relations.

Another thing we must know has to do with the evolution of medical care. We must realize that there is an evolution of medical care as it relates to the people. It is beginning to be thought of as a purchasable commodity, and it is beginning to be thought of in terms of the prerogative of the consumers of health care. We may think that it is the prerogative of the medical profession. We are talking about the evolution of the distribution of medical care. People are thinking of it in terms of the prerogative of the consumers, that it is the prerogative of the consumers of health care.

To try to stop the evolution of medical care in its relationship to its distribution would be like General Eisenhower issuing marching orders to General Gavin for the 82nd Airborne Division to proceed at once to surround and destroy the theory of evolution!

I am talking about the fact that we have got to do the work ourselves. It is evolving and it is going to be done.

Compare our public relations with Congress, on compulsory health insurance, with education. I have heard that comparison made entirely in the wrong way. We have to pay taxes for education. Is it compulsory? Yes, but we don't call it compulsory. Our children even have to go to school, but we don't actually say it is compulsory, although it is.

The point is this: We should do these things ourselves—the American Medical Association, instead of playing around (and I expect to have your criticism, and I will be glad to have it) with another organization, ought to be saying, "Certainly there has to be taxation, taking care of the people who need to be taken care of at government expense." We are doing exactly that now—Dr. Ainsley went down and arranged so that the veterans could be taken care of through the Michigan Medical Service. Is that compulsory health insurance? Well, that is taxation. We need to be in there talking just as loudly and helping the planners, and saying, "Certainly the doctors and the health interests have got to be paid from tax money!" That would be public relations of the first order. It doesn't have to go by the technical name "compulsory health insurance." We should be using that influence ourselves with our legislators, just as we should be doing the things shown on these slides.

Social security will never go backward; it is too late for that. Remember that, gentlemen!

I want to read something to you which relates to this whole problem of what we should be doing ourselves—the only conclusion we can agree upon. This is what the Commission could do:

"Regarding osteopathy and all other forms of irregular practice, in the interest of the people we can take but one position, that we cannot recognize other than our regular university schools of medicine and dentistry until those other schools conform to the standards of medical education as set up by the universities of this country, nor until a common Medical Practice Act requires the same evidence of fitness to practice, and therefore to licensure. To do otherwise would be to abrogate all of the principles of medical education that have been set up in safeguarding the best health interests of the people.

"Our medical schools must cover the fields of recognized therapeutic procedure by putting in all such courses such as physical medicine and occupational therapeutics, and whenever claims for new procedures arise from any source they must be referred to the Research Department of the division of the medical school concerned, instead of just saying 'There is nothing to that' if we are going to foster our public relations.

"When we are able to say this happens—when we are able to say that this or that has been tried out and worked upon in our medical schools—we will have an answer with no accompanying apology. Our public

relations must be sufficiently positive, and termed in such language, that it can be and will be understood by all members of the medical profession and by the people as relating to our stand on irregular practice."

If we can't go before the legislators of this state or of any other state and say, "This is our stand in the interests of the people," then we are just weaker than the other groups. We are going to continue to be weaker than the other groups if we do not support our public relations men.

I wish something personal might be said here for the man in charge of public relations, who has helped us so much in all of this material. Other organizations are trying to get him away from us at vastly greater salary. From my experience with medical societies I want to say to you that the officers we elect to this Society, if not given the help of such men, cannot do that which you expect them to do. From the standpoint of this Commission, and going into some of these very gutter-like things we have had to study, let us not vote for less than $25 each in the matter of public relations.

THE SPEAKER: This report will be referred to the Reference Committee on Special Committees.

SPECIAL MEMBERSHIPS

All requests for Special Memberships received by the secretary have been referred to the Reference Committee on Special Memberships.

We will proceed to the matter of resolutions. Are there any resolutions to come before the House at this time? If so, will you kindly state your name and county and step forward. All resolutions must be presented in triplicate.

VIII. Resolutions

VIII—a. RH FACTOR DETERMINATION BY STATE HEALTH DEPARTMENT

H. W. WILEY, M.D. (Ingham):

"WHEREAS, the State Department of Health Laboratories has been rendering a valuable and continuing service to the people and physicians of Michigan in testing blood for Rh factor and Rh titer determinations, and

"WHEREAS, it is the unanimous opinion of the medical profession that these determinations are very important in cases of expectant mothers, newborn infants and in all transfusions; therefore, be it

"RESOLVED: That it is the urgent desire of this Society that this service be continued to the people and to the physicians of Michigan; and be it further

"RESOLVED: That the Ingham County Medical Society instruct its delegates to take this resolution to the meeting of the House of Delegates of the Michigan State Medical Society in Grand Rapids, September 21-23, and urge its adoption."

This resolution was passed unanimously by the Ingham County Medical Society at their meeting last Tuesday night, and is signed by the members present. I urge its adoption.

THE SPEAKER: Thank you, Dr. Wiley. This resolution will be referred to the Reference Committee on Resolutions.

VIII—b. NEW SECTION ON NERVOUS AND MENTAL DISEASES

T. K. GRUBER, M.D. (Wayne): First I have a resolution that comes from the Society of Neurology and Psychiatry. I happen to be a member of this organization, and the Society would like to present this resolution.

"WHEREAS, the Michigan State Medical Society has recognized and approved ten specialty sections with scheduled meetings at the time of the annual meeting of the entire Society, to wit: General Practice, Surgery, Internal Medicine, Gynecology and Obstetrics, Pediatrics, Anesthesia and Pathology, Radiology, Dermatology and Syphilology, Ophthalmology and Otolaryngology, and Urology, and

"WHEREAS, mental health problems are making increasing demands upon the medical resources of state and nation in imperative manner; this is partially reflected in the observation that the average daily patient census of the twenty Michigan hospitals and institutions for the mentally ill is greater than the average daily patient census of the 183 Michigan general hospitals, as 26,884 is to 24,872, and

"WHEREAS, mental health is a specialty separate and distinct from those mentioned, and since there has not been established a Section on Nervous and Mental Diseases of the Michigan State Medical Society, and

"WHEREAS, such a Section is active and beneficial to the membership of the American Medical Association and many other national associations and state medical societies, and

"WHEREAS, such a Section would be mutually advantageous both to the specialists in mental health and to the physicians in general practice and in the various other specialties; therefore, be it

"RESOLVED: That a Section on Nervous and Mental Diseases be established in the Scientific Assembly of the Michigan State Medical Society."

THE SPEAKER: This resolution will be referred to the Reference Committee on Constitution and By-Laws.

IX. Amendments to Constitution and By-Laws

IX—a. PROPOSED GENERAL REVISION OF CONSTITUTION

T. K. GRUBER, M.D.: Please turn to page 111 of your Handbook, Constitution and By-Laws.

Some time during the early part of the year The Council of your Society deemed it advisable to study the Constitution and By-Laws of the State Medical Society. Many organizations in the past few years have realized that their constitutions and by-laws needed to be rather streamlined and brought up to date.

This organization is eighty-two years old. I believe if you will read the Constitution, particularly, you will find that it has been added to from time to time, and I believe you will agree with me that there are many things in the Constitution which belong in the By-Laws.

Accordingly, a committee was appointed to make a study of this, which committee included Mr. Herbert as an advisory member, Dr. DeTar, Dr. Holmes, Dr. Ledwidge, and myself as Chairman.

We have made a study of the situation. In 1946 the American Medical Association decided to revise its Constitution and By-Laws. They started it in San Francisco. The matter was brought to the attention of the House of Delegates in Chicago last year. A revised draft was presented to the House of Delegates of the American Medical Association at Atlantic City. It will be considered again at the January meeting in Cleveland, and we hope it will be ready for final adoption at the annual meeting next June.

When we go into the proposition of revising our Constitution and By-Laws we realize they must be brought up together so that the whole thing will go through at one time. If we were to try to revise the Constitution without revising the By-Laws we would have a hodgepodge.

Last evening The Council moved to request me to present to this House of Delegates the proposed amendments that this Committee has suggested, as embodied in the report to The Council, and to present a resolution that the President be authorized by the House of Delegates to appoint a committee to study and to prepare amendments to the Constitution and By-Laws during the ensuing year, and to report at the next meeting of the House of Delegates.

Accordingly, I am presenting proposed amendments to the Constitution at this time.

(See Appendix A, December issue).

T. K. GRUBER, M.D.: I present these at this time so that they can come up for consideration next year.

I move, Mr. Speaker, that a committee be appointed by the President to study and report on a revision of the Constitution and By-Laws at the next annual meeting.

E. D. SPALDING, M.D. (Wayne): I support the motion.

THE SPEAKER: According to the Constitution, these amendments must lie over for one year. The motion is that a committee be appointed to study and report back next year the amendments to the Constitution which have been read.

(The motion was put to a vote and was carried unanimously).

THE SPEAKER: The resolution, motion, and the proposed amendments will be referred to the Reference Committee on Revision of the Constitution and By-Laws.

VIII—c. ON JOURNAL MSMS

C. I. OWEN, M.D. (Wayne):

"WHEREAS, the Michigan State Medical Society is one of the largest component state medical society units of the American Medical Association, and

"WHEREAS, there is considerable scientific medical work carried on in the State of Michigan at all times, and

"WHEREAS, if the Michigan State Medical Society had a first-class, up-to-date JOURNAL with an aggressive scientific attitude it would be able to obtain an almost unlimited number of original articles from its own members, and

"WHEREAS, the quality of most of the scientific papers published in the MICHIGAN STATE MEDICAL SOCIETY JOURNAL are of a rather low level, consisting to a great extent of a re-hash of literature, and

"WHEREAS, some of the state medical society journals (e.g., the *New England Medical Journal*) in this country are of a very high caliber, and publish considerable scientific work and numerous original articles; therefore, be it

"RESOLVED: By the House of Delegates of the Michigan State Medical Society, at its meeting in 1947 in Grand Rapids, that aggressive action be taken by the Editorial Board and the business management of the Journal of the Michigan State Medical Society, to place THE JOURNAL in a position where the members who are doing high-grade scientific work will compete for space to publish their articles in THE JOURNAL; and be it further

"RESOLVED: That there be no delay in the adoption of this new policy."

THE SPEAKER: This resolution will be referred to the Reference Committee on Resolutions.

VIII—d. ON SPECIAL ASSESSMENT ($25.00)

R. L. NOVY, M.D. (Wayne): On behalf of the delegates from Wayne County I am presenting this resolution:

"WHEREAS, the standing of the medical profession demands a strong medical organization, and

"WHEREAS, a strong organization is dependent upon its financial ability to meet situations as they arise, and

"WHEREAS, we of Wayne County are fully aware of the need for a strong, well-armed medical organization; therefore be it

"RESOLVED: That an assessment of $25 for the year 1948 be levied, the same to be utilized at the discretion of the Council, in whom we have every confidence."

THE SPEAKER: This resolution will be referred to the Reference Committee on Resolutions.

IX—b. AMENDMENTS TO CONSTITUTION PROPOSED IN 1946

There are some proposed amendments to the Constitution which have lain over from last year. They will be referred automatically to the Reference Committee on Amendments to the Constitution and By-Laws by the Secretary.

1. Re Life Membership:

WHEREAS, Article III, Section 8 of the Constitution of the Michigan State Medical Society, re "Life Members" does not adequately serve the best interests of the Michigan State Medical Society and does not confer upon its members the honor intended; therefore be it

RESOLVED, That Section 8 of Article III, of the Michigan State Medical Society Constitution be deleted.

2. Re Life Membership:

WHEREAS, Section 8 of Article III of the Constitution is originally intended to recognize period of service and membership in the Michigan State Medical Society and

WHEREAS, Section 6 requires fifty years in the practice of medicine regardless of attained age of the individual, and

WHEREAS, Ten years of membership regardless of age, is a relatively short period of membership, therefore be it

RESOLVED, That Section 8 of Article III be amended to read: "A physician who has attained the age of seventy years or more and maintained an active membership in good standing for twenty-five years or more."

3. Re Emeritus Membership:

Amend Article III, Section 6, as follows:

Emeritus Membership—Any physician who has been in practice fifty years, or has attained the age of seventy years, and who has maintained a membership in good standing for twenty-five years, may, upon written application and upon recommendation of his county society, and by election in the House of Delegates, become a member emeritus. A member emeritus shall be required to pay annual dues to the State Society not in excess of ten dollars and be relieved of paying all assessments. He shall be entitled to all the benefits and privileges of membership.

Delete Section 8 of Article III, which deals with life membership.

4. Re Life Membership:

Amend Article III, Section 8, as follows:

Life Members—A physician who has attained the age of seventy years or more and maintained an active membership in good standing for twenty-five years or more in the State Society may, upon his signed application, filed in the office of the State Society, and approved by his county Society at a regular or special meeting thereof, be transferred to the Life Members' Roster by election in the House of Delegates. He shall have the right to vote and hold office but shall pay no dues to the State Society. Requests for transfer shall be accompanied by certification by the Secretary of the State Society as to years of membership in good standing.

VIII—e. FORMS OF MEDICAL PUBLIC RELATIONS

E. G. KRIEG, M.D. (Wayne): I wish to present the following resolution:

"WHEREAS, we recognize that the status of public relations has become an important aspect of medical practice, and

"WHEREAS, we realize that an adequate educative program can no longer be directed intelligently by the individual physician, and

"WHEREAS, it is extremely important to keep the tenure of such a program consistent with the dignity of time-honored relations between the patient and the physician, and

"WHEREAS, we find it extremely difficult and at times impossible to discuss 'Joe Genius' and the IDWTGTRMB Club at the same level with intimate medical care; therefore, be it

"RESOLVED: That the Public Relations Committee be instructed to eliminate any and all such forms of adolescent approach to the public."

THE SPEAKER: This will be referred to the Reference Committee on Resolutions.

VIII—f. EXPENDITURES IN U. S. EXECUTIVE DEPARTMENTS

R. S. MORRISH, M.D. (Genesee):

"WHEREAS, House Report 786, 80th Congress, entitled 'Investigation of the Participation of Federal Officials in the Formation and Operation of Health Workshops' shows evidence that there have been violations of Section 201 of Title 18 of the United States Code by employes of the departments and agencies specifically mentioned in the report, and

"WHEREAS, it was suggested and recommended by the Subcommittee on Publicity and Propaganda of the Committee on Expenditures in the Executive Departments that 'action be taken by the Attorney General of the United States to prosecute these violations, and to prevent further disregard by federal employes and agencies of the law cited'; therefore, be it

"RESOLVED: That the House of Delegates of the Michigan State Medical Society does approve of the purpose of the investigations made by the Subcommittee on Publicity and Propaganda of the Committee on Expenditures in the Executive Departments, and does commend its fearless presentation of evidence uncovered during its investigation, and does hereby urge the Attorney General of the United States to give careful consideration to the recommendation of this Committee, and that the Subcommittee be advised of the action of the House of Delegates by sending a copy of this resolution to its Chairman, The Honorable Forest A. Harness, of Indiana; and be it further

"RESOLVED: That additional copies of this resolution be sent to the Speaker of the House of Representatives, the Honorable Joseph W. Martin, Jr., Washington, D. C., and also to the Chairman of the Committee on Expenditures in the Executive Departments, the Honorable Clare E. Hoffman of Michigan, and to the Attorney General of the United States, the Honorable Tom C. Clark."

THE SPEAKER: This resolution will be referred to the Reference Committee on Officers' Reports.

VIII—g. RATIO OF MEDICAL OFFICERS IN THE ARMED FORCES

B. M. HARRIS, M.D. (Washtenaw):

"WHEREAS, the Army and Navy demand 6.5 physicians per 1,000 personnel (i.e., 1 per 154 men) in peace and war, and

"WHEREAS, during World War II in the Navy and Marine Corps 3.7 physicians per 1,000 personnel were actually recruited, even this ratio being too high, and in the Army there were about 4 per 1,000 personnel, and

"WHEREAS, during the same period the ratio of physicians to the civilian population was reduced to about 1 to 1,750 thus giving the armed services approximately seven times as many physicians per 1,000 as the civilian population, and

"WHEREAS, it is the opinion of a majority of civilian physicians who served in the armed forces that an excess of medical officers was present, resulting in a serious waste of medical manpower; therefore be it

"RESOLVED: That since these ratios are determined by law, the House of Delegates of the Michigan State Medical Society instruct the Council to contact, in the most effective manner, the Representatives and Senators of the State of Michigan in the federal Congress, urging them to initiate and support legislation reducing the ratio of military surgeons to 3 per 1,000 (i.e., 1 to 333)

for all services except the Air Force. This is approximately twice the ratio achieved in the civilian population in peacetime. And be it further

"RESOLVED: That the Council be instructed to contact all other state societies and the American Medical Association, urging these bodies to take similar action."

THE SPEAKER: This resolution will be referred to the Reference Committee on Reports of the Council.

VIII—h. ON MHS RECOGNITION OF CERTAIN HOSPITALS

J. E. LIVESAY, M.D. (Genesee):

"WHEREAS, the Michigan Hospital Service was created with the aid and approval of the doctors of medicine of the State of Michigan, and

"WHEREAS, the intimate association of the Michigan Hospital Service and the Michigan Medical Service has created the belief among the people of this State that they act for and with the consent of the doctors of medicine of Michigan, and

"WHEREAS, the Board of Directors of the Michigan Hospital Service are now recognizing certain sub-standard hospitals as participating in the Michigan Hospital Service plan, and

"WHEREAS, these sub-standard hospitals are not staffed by regularly registered doctors of medicine, and

"WHEREAS, the Michigan Hospital Service was organized to give the public a high-quality hospital care during time of illness; therefore, be it

"RESOLVED: That the House of Delegates of the Michigan State Medical Society does regret, and protests the action of the Board of Directors of the Michigan Hospital Service in recognizing those sub-standard hospitals, and requests that it reconsider its action with the view of discontinuing such recognition."

THE SPEAKER: This resolution will be referred to the Reference Committee on Resolutions.

VIII—i. ON MMS FEES TO OTHERS THAN DOCTORS OF MEDICINE

J. E. LIVESAY, M.D.:

"WHEREAS, the Michigan Medical Service was created by the doctors of the State of Michigan and was licensed under a special enabling act for the purpose of offering a high quality prepaid medical service to the people of the State of Michigan, and

"WHEREAS, that quality of medical service is being endangered by the recognition and payment of fees to practitioners other than doctors of medicine, and

"WHEREAS, the enabling act No. 108, Public Acts of 1939, Section 12, paragraph 2, states, 'A non-profit medical care corporation shall not furnish medical care otherwise than through doctors of medicine, licensed and regulated under Act 237 of the Public Acts of 1899, as amended (6737-67-47),' and

"WHEREAS, the legality of such payments has never been passed upon by the Michigan Supreme Court; therefore, be it

"RESOLVED: That the elected and appointed officers of Michigan Medical Service be instructed to conform to the letter and spirit of the Enabling Act."

THE SPEAKER: This will be referred to the Reference Committee on Resolutions.

VIII—j. ON MMS ENABLING ACT

J. E. LIVESAY, M.D.:

"WHEREAS, Michigan Medical Service was created by the doctors of Michigan for the purpose of supplying the best in prepayment medical service, and

"WHEREAS, certain members of the Board of Directors of Michigan Medical Service have appeared before the Council of the Michigan State Medical Society advocating a change in the Enabling Act permitting the recognition and payment of fees to practitioners other than doctors of medicine, and

"WHEREAS, such a change is contrary to the content and spirit of the Enabling Act and contrary to the best interests of the medical welfare of the people of this State; therefore, be it

"RESOLVED: That the House of Delegates of the Michigan State Medical Society states as its established policy that the Enabling Act as now constituted, without any change at this time, will best serve the medical welfare of the people of the State of Michigan, and hereby directs its officers and representatives on the Board of Directors of Michigan Medical Service to act accordingly."

THE SPEAKER: This resolution will be referred to the Reference Committee on Resolutions.

VIII—k. ON NEW SECTION OF PUBLIC HEALTH AND PREVENTIVE MEDICINE

G. C. STUCKY, M.D. (Eaton): This is a resolution presented by Dr. Douglas of Detroit and myself:

"WHEREAS, public health and preventive medicine has become a well-recognized field of special attention in medical practice, in which organized medicine has had a great interest and has contributed to its development, and

"WHEREAS, there are now many members of the Michigan State Medical Society who are engaged in full-time or part-time service in the field of public health and preventive medicine, and

"WHEREAS, it is believed that closer relations on the part of those in public health and preventive medicine and those physicians engaged in this field of medical practice would be in the best interest of the public and the profession; therefore, be it

"RESOLVED: That this House of Delegates recommend to The Council of the Michigan State Medical Society that a Section, to be known as the Section on Public Health and Preventive Medicine, be established."

THE SPEAKER: This resolution will be referred to the Reference Committee on Amendments to the Constitution and By-Laws.

VIII—l. ON MICHIGAN HIGH SCHOOL ATHLETIC ACCIDENT BENEFIT FUND

B. H. DOUGLAS, M.D. (Wayne): This resolution is presented on behalf of the Wayne delegation:

"WHEREAS, members of the Michigan State Medical Society have been circularized by the Michigan High School Athletic Accident Benefit Fund with a fee schedule at variance from the fee schedule of the Uniform Fee Schedule for Governmental Agencies, and

"WHEREAS, the annual report of the Committee on Michigan High School Athletic Accident Benefit Fund, 1946-47, of the Michigan State Medical Society, recommends that this plan 'can be done on a local scale to a better advantage than recommending that uniform procedures be followed in a county'; therefore, be it

"RESOLVED: That the report of this Committee be accepted, that its recommendation be followed at the local level, and that the Committee be discharged."

THE SPEAKER: This resolution will be referred to the Reference Committee on Special Committees.

VIII—M. ON TENURE OF STATE HEALTH COMMISSIONER

D. C. BLOEMENDAAL, M.D. (Ottawa): This is a request from the Ottawa County Medical Society:

"The Ottawa County Medical Society, at its regular meeting on Friday, September 19, 1947, at Grand Haven, adopted the following resolution:

"WHEREAS, the members of the Ottawa County Medical Society find the work of Dr. William DeKleine satisfactory as State Health Officer, and believe that Dr. William DeKleine will be amply able to work out the perplexing problems of the future as he has those of the past; be it

"RESOLVED: That the members of the Ottawa County Medical Society favor the continuance of Dr. William DeKleine as State Health Officer; and be it further

"RESOLVED: That the delegate of the Ottawa County Medical Society be instructed to convey these sentiments to the House of Delegates convened at Grand Rapids, September 21-23, 1947."

THE SPEAKER: This resolution will be referred to the Reference Committee on Reports of the Council.

Are there any other delegates who have resolutions? If there are none at the present, is Dr. Sladek ready with the supplemental report of The Council?

V. Annual Reports of The Council

E. F. SLADEK, M.D.: Members of the House of Delegates, this is the supplemental report of the Council:

The Annual Report of The Council for the year 1946-47 appears in the Handbook for Delegates beginning at Page 37. As this report was written July 12 in order that it might appear in print, The Council wishes to submit additional information on matters which it has considered during the past few months.

1. *Membership*—The membership of the Michigan State Medical Society as of September 15, 1947, totals 4,707, including 304 military and special members who are relieved from paying dues and assessments.

(Incidentally eighty-six special memberships were granted last year, and seventy-seven are being sought at this session of the House of Delegates which represents a loss of income of $6,031, annually.)

2. *Finances*—The Constitution of the Michigan State Medical Society charges The Council with administration of the funds of the Society, and the Treasurer with responsibility for safekeeping of the Society's invested funds.

Following the mandate of the Constitution, The Council has caused an "annual audit to be made of the funds of the Society by a certified public accountant." The report of Ernst & Ernst, for the year 1946, was published in the March, 1947, issue of THE JOURNAL MSMS, beginning at Page 339. On the same page is a copy of the Budgets of the Society for the year 1947. The audit of Ernst & Ernst is and always has been open for inspection by any member of the Michigan State Medical Society who may call at the Executive Office, 2020 Olds Tower, Lansing.

Report of our auditor for the first eight months of 1947 (to September 1, 1947) of income, expense, and accounts receivable is as follows:

INCOME AND ACCOUNTS RECEIVABLE

January 1, 1947, to September 1, 1947		
Society Dues	$ 45,680.02	
Journal Subscriptions (allocation from dues)	6,525.70	
Public Education Fund ($25. assessment)	108,792.03	
Advertising, Reprints and Cuts	29,990.91	
Annual Session Income	14,840.00	
Postgraduate Clinical Institute	5,040.00	
Rheumatic Fever Fund	14,537.26	
Interest and Miscellaneous Income	519.64	
Total Income and Accounts Receivable 9/1/47		$225,925.56

EXPENSES TO SEPTEMBER 1, 1947

Administration and General	$ 17,319.75	
Society Expense	2,944.28	
Committee Expense	7,159.96	
Public Education Expense	49,183.88	
Journal Expense	25,348.03	
Annual Session Expense	4,314.25	
Postgraduate Clinical Institute	4,928.46	
Rheumatic Fever Expense	3,955.73	
Total Expenses to 9/1/47		$115,154.34
Balance Cash and Accounts Receivable		$110,771.22

* * * * *

BOND ACCOUNT

(a) General Bond Account:			
Canadian Pacific Railroad Company	$ 2,000.00		
Detroit Edison Company	2,000.00		
Grand Rapids Affiliated Corporation	1,000.00		
New York Central Railroad Company	2,000.00		
United Light and Power Company	1,000.00		
Southern Pacific Company	1,000.00	$ 9,000.00	
(b) Bonds earmarked for Public Education:			
United States Savings Bonds, Series G	$63,600.00		
United States Savings Bonds, Series D	1,300.00		
United States Savings Bonds, Series F	3,700.00		
United States Treasury 2½% Bonds	8,000.00	$76,600.00	$85,600.00

3. *Public Education Account*—This fund, accumulated from the special $25.00 assessment levied by the 1946 MSMS House of Delegates, has been kept separate from the other accounts of the Michigan State Medical Society and has been used exclusively for public relations and public education purposes, as indicated in the following accounting:

PUBLIC EDUCATION ACCOUNT

Financial Report—January 1 to September 1, 1947

INCOME

Balance on Hand January 1, 1947 (Includes $30,000 in Bonds)	$ 43,614.02	
Check to Michigan Health Council Cancelled	5,000.00	
Income in 1947	108,792.03*	$157,406.05

*Including $1,300 prepaid in 1946.

DISBURSEMENTS

Salaries	$ 5,853.39	
Rent and Light	39.45	
Telephone and Telegraph	489.07	
Printing, Stationery and Supplies	537.20	
Postage	503.21	
Equipment	374.77	
Travel Expense	1,523.52	
Public Relations and Sec. Conference	2,535.05	
Purchase of Pamphlets	1,318.60	
Radio	13,972.15	
Newspaper	21,157.04	
Rural Health Conference	200.68	
Conference of Presidents	50.00	
Committee Meetings	303.88	
Miscellaneous	325.87	$ 49,183.88
Balance as of September 1, 1947		$108,222.17
Surplus ($30,000 in bonds and $30,000 in savings)		60,000.00
		$ 48,222.17
Estimated and Contracted Expenditures to December 31, 1947		$ 33,802.40
Estimated unexpended funds available as of December 21, 1947		$ 14,419.77

Most of the unspent balance—not including the reserve set up by The Council—has been allocated to various public relations and public education projects as per the Public Relations budget for 1947.

Estimates of the probable expenditures for the 1948 Public Relations and Public Education program of the Michigan State Medical Society, as projected by the Public Relations Committee and approved by The Council, are as follows:

ESTIMATED PUBLIC RELATIONS EXPENDITURES FOR 1948

I. Administrative Expense		
Salaries		$ 12,150.00
Office, rent and light		520.00
Printing, stationery and supplies		1,200.00
Equipment		200.00
Postage		1,200.00
Telephone		800.00
Travel		2,000.00
II. Radio		
"Tell me, Doctor"		14,500.00
Other radio programs		1,000.00
III. Newspapers		
Advertising		15,000.00
News Releases and Health Column		6,000.00
IV. Cinema		
Four Films		48,000.00
V. Publications		
Medical Plan for Michigan		5,000.00
Medical Associates		7,000.00
Other pamphlets		6,000.00
VI. Display		2,000.00
VII. Organizational		
Committee Meetings		1,000.00
National		200.00
State		4,000.00
VIII. Schools		
Sex Education		500.00
Libraries		500.00
IX. Other Activities		
Annual Public Report		3,000.00
Preparatory work (information on MSMS members)		1,000.00
Library		1,000.00
Checking service		100.00
Photographic service		500.00
TOTAL		$134,370.00

4. *Information to the public.*—Responsible health commentators in Washington advise that 1948 undoubtedly will be a "health" legislation year. They inform us that the choice of the medical profession must be either the Taft Health Bill or the Wagner-Murray-Dingell Bill—the decision resting on the activity of all doctors of medicine in the United States. Personal influence with individual legislators cannot be depended upon to win the battle. The decision will be reached by the people who are in the process of making their choice *NOW!* Today, therefore, organized medicine is forced to carry a far greater load in public relations and information to the people than the heavy burden it shouldered in the past two years. Postwar confusion still reigns in legislative circles. The possibility of sudden unwise legislative action is a serious threat which must be fully realized

by the medical profession. We must make ready to use all counter offensives that have been developed.

The progressive public relations program of the Michigan State Medical Society is our best weapon; it must be made ever stronger; it must be financed.

Every doctor and every person in Michigan repeatedly must be told the facts about quality medical service, its wider distribution and American ways of meeting its cost. An example of how this was dramatically and effectively accomplished with the rural group is the recent Michigan Rural Health Conference sponsored by the Michigan State Medical Society and held last week on the campus of Michigan State College.

The medical profession must continue its fight to preserve the private practice of medicine, as we know it, in the interests of the people we serve. We must remember that no organization will fight this fight for medical practitioners in this state other than the Michigan State Medical Society and its components. *A recommendation on this subject follows.*

(This has been focused most clearly in the just-released Colorado State Medical Association report on its public relations needs and program—a survey costing $25,000 which embodies recommendations for public relations work that Michigan has been doing for two years—without such a costly study.)

5. *Professional Relations.* (The Council Chairman ad libbed briefly on this subject.)

6. *Study of Medical Practice Act in Michigan.*—During the past year, the MSMS Council appointed a special committee to Study the Medical Practice Act of Michigan headed by H. L. Morris, M.D., Detroit. This Committee's study is not complete and The Council has authorized a continuation of the Committee's very important work.

7. *Revised Uniform Fee Schedule for Governmental Agencies.*—Copies of this revised Uniform Fee Schedule for Governmental Agencies have been supplied to all members of the House of Delegates and will be mailed to all other members of the Michigan State Medical Society next week. This revision, approved by the U. S. Veterans Administration and by Michigan Medical Service in July, 1947, is worthy of adoption by all governmental units, including cities and counties charged with the responsibility of furnishing medical care to their wards. The MSMS Council again invites attention to the third recommendation made in its original report "urging all component, district and county medical societies to make every effort, within the next few months, to negotiate necessary revisions in Schedules of Benefits covering governmental wards so that individual members of county societies are not penalized by being forced to perform services at a financial loss."

8. *Michigan Medical Service.*—An up-to-date report on this corporation, including finances, will be presented to you at the meeting of Michigan Medical Service membership tomorrow (Monday, September 22, at 2:00 p.m.) in this room. All MSMS Delegates are members of the Michigan Medical Service Corporation.

9. *Michigan Hospital Service.*—A special committee of The Council is working on the Michigan Hospital Service-Mercy Hospitals situation; discussions are continuing and various points are being brought out. Progress is being made.

10. *Honoring General Practitioners.*—Six years ago, your delegates to the AMA introduced a resolution requesting the creation of a Section on General Practice. They were supported by only one other state. Two years ago such a section was established, as a direct result of the continued efforts of your hard-working delegates. Now the American Medical Association has picked up the banner of the general practitioner to the extent that the coming midwinter session of the House of Delegates of the AMA will be held in conjunction with a scientific meeting designed particularly for the general practitioner. In addition, the Board of Trustees of the AMA has established a special gold medal award for a general practitioner who has rendered exceptional service to his community. Nominations for this award may be submitted to the headquarters office in Chicago by any state medical society or any community service club.

Surely, somehere in Michigan, there exists a general practitioner eminently worthy of this high honor, not only because of the superior quality of medical service which he has rendered to his community, but also because of his humaneness, his interest in his people, and his interest and leadership in all civic affairs.

A recommendation on this subject follows.

11. *Academy of General Practice.*—The Council has given consideration to the Academy of General Practice and urges the creation of local units in Michigan. The development of a state organization would enhance the activity of the National Academy.

12. *Michigan Rural Health Conference.*—Elsewhere in this report, the first annual Michigan Rural Health Conference of September 18-19, 1947, chairmanned by H. B. Zemmer, M.D., Lapeer, was mentioned. This very successful experiment in public relations with our Michigan rural groups brought out three important recommendations, as follows:

1. Authority to set up a committee to arrange for a second rural health conference in 1948, and to assume responsibility implementing the resolutions already passed by this conference.
2. Authority to set up a committee to investigate a students' medical scholarship fund.
3. Authority to set up a committee to plan and assist in the organization of local health councils in rural areas, with the approval of the county medical society.

RECOMMENDATIONS

We respectfully invite to your attention the five recommendations in the original report of The Council which are printed on Pages 50-51 of the Handbook for Delegates.

In addition, The Council recommends:

1. That the House of Delegates authorize the continuation of the progressive public relations and public education program of the Michigan State Medical Society, as effectively carried out in 1947, and that it finance this important and necessary project by a per capita membership assessment of $25.00 for the year 1948.

2. That the House of Delegates consider the granting of Life Memberships to Doctors of Medicine who have attained the age of seventy years and who have been members of the Michigan State Medical Society for a period of twenty-five consecutive years or more.

3. That the membership of this House of Delegates take back to their county societies the information regarding the AMA gold medal award for an outstanding general practitioner, that efforts be made to locate the Michigan candidates for this award, and that nominations, together with complete substantiating data, be submitted to the Executive Committee of The Council before its November meeting, so that a Michigan candidate or candidates may be selected for submission to the headquarters of the AMA.

Respectfully submitted,

E. F. SLADEK, M.D., *Chairman*
O. O. BECK, M.D., *Vice Chairman*
L. F. FOSTER, M.D., *Secretary*
C. E. UMPHREY, M.D.
P. A. RILEY, M.D.
WILFRID HAUGHEY, M.D.
R. J. HUBBELL, M.D.
J. D. MILLER, M.D.
R. C. POCHERT, M.D.
T. E. DEGURSE, M.D.
W. E. BARSTOW, M.D.
F. H. DRUMMOND, M.D.
R. H. HOLMES, M.D.
A. H. MILLER, M.D.
W. H. HURON, M.D.
D. W. MYERS, M.D.
E. R. WITWER, M.D.
J. S. DETAR, M.D.
W. A. HYLAND, M.D.
P. L. LEDWIDGE, M.D.
A. S. BRUNK, M.D.

THE SPEAKER: Thank you, Dr. Sladek. I should like to point out that some parts of this report, particularly those objections to the type of medical practice found in some localities, have their only way of getting to the membership of our Society through us who are here today.

This report will be referred to the Reference Committee on Reports of The Council.

I should like to read a telgram just received: "The Michigan State Dental Society extends sincere greetings to the Michigan State Medical Society at your 82nd annual meeting. May your deliberations continue the progress made through the years by your Society toward better health for the people of our state. (Signed) Charles H. Jameson, D.D.S., President, Michigan State Dental Society."

X. Reports of Standing Committees

The next order of business is the supplemental reports of standing committees. I should like to point out that the reports of standing committees of the Society are found on pages 55 through 93. The Chair will read the names of the standing committees. If there are supplemental reports to be given by various chairmen or representatives of the standing committees, will those delegates please come to the front seats.

As I read the names of the standing committees, if there are no supplemental reports, the reports will be considered as published in the Handbook and will be referred to the Reference Committee on Standing Committees.

Is there any supplemental report from:

X—a. LEGISLATIVE COMMITTEE
X—b. COMMITTEE ON DISTRIBUTION OF MEDICAL CARE
X—c. MEDICAL LEGAL COMMITTEE
X—d. PREVENTIVE MEDICINE COMMITTEE
X—e. CANCER CONTROL COMMITTEE
X—f. MATERNAL HEALTH COMMITTEE
X—g. VENEREAL DISEASE CONTROL COMMITTEE
X—h. TUBERCULOSIS CONTROL COMMITTEE
X—i. INDUSTRIAL HEALTH COMMITTEE.
X—j. MENTAL HYGIENE COMMITTEE

H. A. LUCE, M.D.: I have been importuned by the other members of the Committee that perhaps it would not be a bad idea to explain a little bit about our report. There were certain things we would like to have incorporated in the report, but we were not able to do so.

Please turn to page 73, paragraph 2. A great deal of emphasis has been placed on psychiatry, especially as a result of the war. Your Committee feels that psychiatry and what it can do, and what responsibilities one puts upon it, in a way has been over-sold. Psychiatry has its limitations. Its limitations depend upon a great many factors. So much stress has been placed upon certain factors that we have overlooked the affirmative approach, in which we develop the abilities of the individual to be able to live and get along with his neighbors. To be self-supporting and independent often solves his problems.

In paragraph 3, psychiatry has been exploited by those whom we might class as practicing charlantry, not only in our own profession (and we have had those who sign an M.D. to their name) but various cults, psychologists and others have exploited the subject of psychiatry without adequate mental and medical training, and have not the proper personality to so deal with personal relations.

On page 74, in regard to the establishment of a Section on Neuropsychiatry, a resolution already has been introduced by Dr. Gruber. We do feel that this would be proper, with the psychosomatic interpretations being such a large percentage as they are at the present time. If you will look over your program for this week's meeting you will find very little, if any, consideration given to those factors which produce in conservative estimates from 40 to 50 per cent of the complaints of people who ordinarily visit the doctor's office.

In the third paragraph on page 74 a little explanation might be given. You hear and read so much in the papers about the overcrowding of state hospitals, the inability to hospitalize patients. Anyone familiar with state hospitals or with private hospitals knows that there is a large percentage of patients who are not suicidal, who are not homicidal, who are not asocial or antisocial. There just wasn't any other place to put them because the general hospital would not take them.

To have a patient or a friend of yours, or even a member of your own family, adjudicated mentally ill, and placed in a state institution, is an irreversible psychic trauma to that individual, which follows him throughout his life.

Your Committee feels that the policy which is being adopted by large hospitals in the east, that of establishing a neuropsychiatric section in all large general hospitals, not calling it a neuropsychiatric section but just designating it as a section, is a wise move. Then so many of these patients with mild psychoneurotic symptoms, with mild psychotic symptoms, can say afterwards, "I was sent to St. Lawrence Hospital or Butterworth or Harper," without any psychic or emotional damage thereafter.

THE SPEAKER: Thank you, Dr. Luce. The supplemental report of the Committee on Mental Hygiene will be referred to the Reference Committee on Reports of Standing Committees.

Is there a supplemental report from:

X—k. COMMITTEE ON CHILD WELFARE
X—l. COMMITTEE ON IODIZED SALT
X—m. COMMITTEE ON HEART AND DEGENERATIVE DISEASES
X—n. COMMITTEE ON POSTGRADUATE MEDICAL EDUCATION
X—o. COMMITTEE ON PUBLIC RELATIONS

ARCH WALLS, M.D. (Wayne): This is not a long report. A great deal has been said this morning in regard to public relations by the Speaker of the House and Dr. Pino and Dr. Sladek, the Chairman of The Council. I have a supplemental report which refers to another project which your Committee has proposed to your Council for consideration during this session.

The report relates to the cinema, a sample of which will be shown here shortly and will last about eight minutes. It is put on by the J. M. Handy Corporation and through their courtesy. After the movie a public relations kit will be distributed to you, and we hope you will look it over very carefully.

The picture you are about to see is being shown in public theaters at the present time.

(The motion picture was shown.)

THE SPEAKER: Dr. Walls, do you have anything to say in addition to your supplemental report?

ARCH WALLS, M.D.: I would suggest—it has been proposed by your Public Relations Committee, and Dr. Sladek mentioned it in his report of the budget—that we get four cinema films. This is merely a sample that was put out last year by the J. M. Handy Company. I had the privilege of visiting that company last week, and find it is a very large organization, very capable of doing what they have done here. These films will reach nearly 400 theaters in the State of Michigan. They will extend through a period of six months, each one overlapping.

The cost will approximate $12,000 per cinema. When you think of the idea at first, it seems like a large sum of money; but when you consider that it will reach such a large number of people, it averages a little less than two cents per individual, which is much less, and we can send out envelopes to a few thousand people also.

This is submitted for your consideration during this meeting, and we hope some of the $25 assessment will be appropriated along this line.

THE SPEAKER: Thank you, Dr. Walls. This report will be referred to the Reference Committee on Standing Committees.

Is there any supplemental report from:

X—p. COMMITTEE ON ETHICS

If not, all of the reports as printed in the Handbook, pages 53 through 93, plus the supplemental reports given, will now be referred to the Reference Committee on Standing Committees.

XI. Reports of Special Committees

The next item on the agenda is reports of special committees. Is there a supplemental report from:

XI—a. COMMITTEE ON NURSES' TRAINING SCHOOLS

C. G. CLIPPERT, M.D. (Medical Society of the North Central Counties, Grayling): I wish to make a few comments. I think you will agree with me that the doctors in their various sessions meet with many problems. Likewise we find the nurses run into difficulties when trying to solve some of their problems.

We considered inviting the nurses this year to meet with us. Still we ran into difficulties. Next year we intend to invite the officers of the Michigan Hospital Association together with the officers of the Board of Registration in Nursing and the officers of the Nursing Association, together with the doctors on the training of schools of nursing. I think when we can exchange ideas we will arrive at some common ground and will go forward and make progress.

A joint committee meeting of the Committee of Nurses Training Schools, the officers of the Board of Registration of Nurses and the officers of the Michigan State Nursing Association; also the Director of the Practical Nursing School of Detroit, held a meeting at Lansing, July 20, 1947.

The meeting was an informal one in which those present could express themselves as to how to improve the nursing situation in the State of Michigan. The consensus of those present was a need for more joint meetings to work out mutual plans and problems together; that with co-operation of the two groups, we can make progress for the benefit of both professions and the people whom we serve.

The resolution adopted by the House of Delegates of MSMS in September, 1946, (Item XII-6-j) was read and praised by Miss Ross who thanked the MSMS for its foresight and knowledge of the present nursing situation. Miss Ross gave the background of the creation of the new Nursing Center Association (formerly the Michigan Council on Community Nursing) which has a committee on practical nursing; she gave the concept of nursing—that a nurse should be prepared to do what the doctor requests her to do for the benefit of the patient. Miss Ross felt that the R.N. should have sufficient assistants to aid her to do skilled nursing.

The Michigan State Nursing Association realizing as well as the medical profession the inadequate nursing care available, appointed a committee in an effort to improve conditions. The committee worked out a program whereby the State Board of Control for Vocational Education supervises the education of practical nurses. Miss Fern Goulding outlined the course of training for practical nurses in the area of Michigan as follows:

The following *tentative plans* have been made for the conduct of the Nursing School of Detroit for the year September 2, 1947, to August 20, 1948, inclusive. (Don't get the impression that practical nursing schools are only for Detroit. As I will mention later, they are to be located through other sections of the state.) The plans will be submitted to both the Detroit Council on Community Nursing and the Department of Vocational Education of the Board of Education of Detroit for final approval.

(A) *Length of Course and Number of Students:*
The practical nursing course will be forty-eight weeks in length.
A class of forty-eight students will be admitted every eight weeks.

(B) *Cost of Course:*
A tuition fee of $50 will be charged, to be paid by the students in divided installments to the Board of Education. Students will be financially responsible for their own uniforms, books, and educational supplies, which will total approximately $45.

(C) *Course Content:*
The course will be divided into approximately sixteen weeks of class work, two weeks of observation, twenty-nine weeks of supervised practice in hospitals and other institutions of the city, and one week of final review. A breakdown of this plan is as follows:

1. Eight weeks of class instruction. (240 hours)
2. Eight weeks of supervised practice in the care of medical and surgical patients in cooperating hospitals. (320 hours)
3. Four weeks of class instruction. (120 hours)
4. Eight weeks of supervised hospital practice —four weeks each in the care of: (1) tuberculous patients and (2) obstetric patients. (320 hours)
5. Four weeks of class instruction. (120 hours)
6. Seven weeks of supervised practice in the care of: (1) the aged, and (2) infants and young children. (280 hours)
7. Two weeks of observation, one in the V.N.A. service and one in a nursery school. (60 hours)
8. Six weeks of supervised practice in care of patients in their homes. (240 hours)
9. One week of final review. (30 hours)

(D) *Total Hours of Instruction and Practice:*

Total hours of class instruction	520
Total hours of observation	60
Total hours of supervised practice	1,160
Total	1,740

Thus forty-eight weeks (1,740 hours), under supervision, would be given to forty-eight students, every eight weeks. These students would be between the years of eighteen and fifty, and could include men. Seven instructors already have been engaged. It is hoped that 500 in Detroit and sixty in every other center (tentatively in Traverse City, Marquette, Flint, Lansing, Grand Rapids or Muskegon, Battle Creek or Kalamazoo) will be trained; 1,860 per annum. The students will be paid during this training period a total of $580.

The term "practical nurses" according to Miss Ross is an inadequate title for these well-trained persons. In answer to a question, she stated that the recompense for trained practical nurses of this type would be 85c per hour (on the basis of an eight, ten or twelve hour day). She further stated that between 1,000 and 2,000 practical nurses are now licensed in Detroit.

The various nurses are divided into three classifications:

1. The R.N. (professional).
2. The trained practical nurse—on a par with the trained attendant (licensed by the state since 1921).
3. Auxiliaries.

Courses for practical nurses under the GI Bill of Rights (Referred by the MSMS Council to this Committee—Item 3-c of September 22, 1946, page 353 of the Council minutes): The nurses explained that this course for practical nurses is under the Michigan Department of Public Education, as above outlined.

The professional R.N. can be utilized to a better advantage for co-ordination of activities and a unity of total care with supplemental services rendered by practical nurses.

There is a serious shortage of nursing personnel in meeting needs for nursing service in hospitals. However, there are more nurses today than ever before; but the expanding needs and great demands for nursing service are the basic causes for our strained situation.

The following is borne out by a report of the Executive Secretary of the Michigan Board of Registration of Nurses. In 1936, 656 students out of schools were registered by examination as contrasted to 995 in the year of 1946.

The record of renewals is as follows:

1937—13,375 R.N.'s
1945—19,758 "
1946—20,956 "
1947—22,578 "

Statistics of employment of nurses were as follows:

1937—4,190 Institutional R.N.'s
1947—1,477 " "
1937—346 Office Nurses
1947—972 " "
1937—275 Industrial Nurses
1947—727 " "

Reciprocity

1937—542 Registered by reciprocity
1946—111 " " "

It was brought out that nurses are now doing many more procedures and in many more fields such as military service and that there is far more hospitalization than there was ten years ago.

It was also brought out that there was a definite need for the education of practical nurses, of R.N.'s of doctors of medicine, of hospital superintendents and of the public concerning this important matter of producing additional nurses and of receiving licensure for practical nurses.

The Committee felt encouraged and the outlook for relief for more efficient nursing in our hospitals seemed brighter.

(Vice Speaker Baker resumed the Chair.)

THE VICE SPEAKER: This supplemental report will be referred to the Reference Committee on Special Committees.

Is there any further report from:

XI—b. SCIENTIFIC RADIO COMMITTEE
XI—c. ADVISORY COMMITTEE TO WOMAN'S AUXILIARY
XI—d. SCIENTIFIC WORK COMMITTEE
XI—e. PROFESSIONAL LIAISON COMMITTEE
XI—f. BEAUMONT MEMORIAL COMMITTEE
XI—g. SPECIAL COMMITTEE ON RADIO
XI—h. POSTWAR EDUCATION COMMITTEE
XI—i. RHEUMATIC FEVER CONTROL COMMITTEE

H. H. RIECKER, M.D. (Washtenaw): This report supplements that of our Committee, printed in the Handbook, and is given to record the progress of the Rheumatic Fever Control Committee program subsequent to the printed report.

This report supplements that of our committee, printed in your Handbook, and is given to record the progress of the Rheumatic Fever Control Committee program subsequent to the printed report.

1. You will recall that the state is divided into districts, to which any physician in the state can send patients suspected of having rheumatic fever to a diagnostic group for consultation and advice as to treatment, prophylaxis and follow-up. These diagnostic groups consist of physicians especially trained in this disease and to maintain local autonomy are appointed by the county societies.

The *costs* of investigation and hospitalization (if necessary) of those children of borderline and indigent families are met by the Michigan Crippled Children's Commission, of which Dr. Carlton Dean is medical director. The costs involved in cases referred from families of a higher economic level are assigned a fee commensurate with the services rendered, and the money thus accumulated may be used as the local committee sees fit. The cost of maintaining the centers is graciously borne by the Michigan Society of Crippled Children and Disabled Adults, of which Mr. Percy Angove is executive secretary.

The committee has accepted an offer of the Alumnae of the Alpha Phi Sorority, who will form themselves into local groups for ancillary services, i.e., social service investigation, stenographic, nursing-aid, transportation, and lay education.

2. Our printed report referred to above concerned records from about one-half of the population of the state. Since that time the entire state has been activated in the program of case finding, diagnosis and follow-up. Under the stimulus of Dr. Norman Clarke, a member of the State Committee, fifteen centers are now organized in Wayne County to receive consultation requests from physicians in that area. A minimum budget of $4,500.00 has been provided to finance these centers and a central office provided gratuitously by the Wayne County Medical Society.

In Macomb County, a diagnostic group at Port Huron is now available. In Genesee County, two diagnostic groups are organized—one responsible for the upper and the other for the southern half of that county. A center at Flint eventually will be in operation.

Because of thorough and sincere attitude of the Grand Rapids center, under Dr. DeVel, and the support given by physicians of that area, the Central Committee found it necessary, in order to lighten the load of that center, to activate two new centers, one at Battle Creek and one at Muskegon. The same development has occurred in Bay County, and it was decided that Saginaw should accept a proportionate part of the load in this area.

To date, more than 650 children have been examined by the various diagnostic groups, of which about 25 per cent were found to have had or were having rheumatic fever. This figure would include less than one-half the population of Michigan.

A great need exists for convalescent hospitals for rheumatic children. Four or five of these should be erected in strategic areas. Definite steps are now being taken by your chairmen toward this objective.

With the activation of the entire state in a unified effort, and with rapidly increasing diagnostic acumen, it is believed that our report next year, the first covering of the entire state, will be truly gratifying to the Council and House of Delegates, but more importantly to the people of Michigan and their family physicians.

May I call your attention to a State Study Club to be organized this week under the leadership of Dr. Moses Cooperstock. May I ask the delegates to report to their county societies that any member seriously interested in the disease, and in following progress in study and research of rheumatic fever, may apply for membership.

Scientific and clinical discussions will be held at stated intervals. Younger men of promise in any community will be given an opportunity to visit various clinics in the country, and bring to us directly any helpful information or criticism applicable to our State Program. This study club, authorized by the Council, provides a unique educational opportunity and forms an important allied activity of the profession.

I might list, at the risk of reiteration (which Shakespeare said is no sin), the principles guiding the committee in its work, in the hope of giving you a better sense of orientation, and a better understanding of the spirit of our participating physicians in a pioneering effort, and perhaps a modest example of the possibilities in beneficient altruism of the profession of medicine.

The primary concern of the State Committee for the Control of Rheumatic Fever *is the child who has the disease*. Our objective centers upon the child. No other con-

sideration is involved—*the potential or actual disease in any child in Michigan, regardless of economic status,* constitutes our sole objective. I will say this to the officers and members of the House of Delegates: that this committee and its regional committees and its associated organizations are working with all the altruistic fervor that the spirit of humanity can summon to bring this objective to fruition. We are obligated to prove to the severest critics of organized medicine that *every child in Michigan* is being given the best treatment available, the most complete prophylactic follow-up, and adequate convalescent and occupational guidance.

There is no conscientious physician in the world who will admit he can make the diagnosis of rheumatic fever in one visit, or rule out its presence in every single case. Because of the physical and psychic implication involved in a decision of this kind, its responsibility should be shared, regardless of the skill of the individual physician. Extreme vigilance is necessary to protect a child from psychic trauma as well as to care for one who has rheumatic heart disease.

Our working principle (in contra-distinction to our objective) consists of following a *sound method* in obtaining our objective. The objective can be reached by strict adherence to the principles of the practice of medicine from legal, forensic, ethical and organizational standpoints. In other words, we know and will adhere constantly to these standards.

Our working rule consists of adhering to *time-proven methods to consummate our objective. These methods* are in complete *agreement with the principles of the private practice of medicine in this state.*

I wish to emphasize that we have one objective, and that our methodology in obtaining this objective has been agreed upon universally by leaders of the organized medicine. The Central Committee does not agree with those who advocate, and support in many areas, the proposition that rheumatic fever can and should be controlled by the application of Public Health methods. We believe the Michigan approach to this 150-year-old problem will be successful. If by our methods, so earnestly defended by organized medicine, we do not gain our objective, then I would say the fault will be found in the opinioned scholasticism of the isolated individual physician, and not through a faulty interpretation by our committee, of the principles guiding private practice.

The challenge presented, in an effort to control rheumatic fever in the state, *transcends* any one, or any small group of physicians. A defeat of the program by non-co-operation with regional diagnostic groups in any area, is an admission of failure of the principles of the private practice of medicine in the state, and by implication, in the nation as well.

This society has always shown leadership and initiative and has ranked far above other state organizations, as well as the national organization, in providing solutions to constantly new, and often difficult, problems confronting the medical profession. In some few of our activities, lack of intelligent leadership caused the gradual death of an ideal.

In the problem of rheumatic fever control, the officers and members of the Michigan State Medical Society are demonstrating again that a state medical society can function effectually attempting to make history by substantiating the following facts:

1. That rheumatic fever *cannot be controlled by Public Health methods,* as in typhoid fever, smallpox, rabies, malaria, brucellosis, and certain other infections.

2. That our physicians' organizations, its facilities and leadership are available to accept the challenge of solving any problem within its own domain.

3. That many of these problems are best managed at the state and community level, rather than by the Federal Government.

4. That co-operation with ancillary and friendly organizations within the state usually is not only necessary to success in solution of a —medical, economic, or social —public health problem, but highly desirable from the standpoint of public relations.

In concluding, I would ask you to take back to your constituents these statements: The dangers of failure of one of the most widely observed projects ever undertaken by a state medical society is not the lack of money, of organization, of vision and leadership, of public appreciation. We of the committee fear only apathy on the part of our doctors, apathy with respect to co-operation with regional diagnostic centers, and apathy toward participation in continuing professional and lay education. In this we are confident that you will not fail.

THE VICE SPEAKER: Thank you, Doctor. The supplemental report of the Rheumatic Fever Control Committee will be referred to the Reference Committee on Special Committees.

Is there a further report from:

XI—j. CONTACT COMMITTEE WITH ASSOCIATION OF WELFARE BOARDS AND BOARDS OF SUPERVISORS
XI—k. COMMITTEE ON STATE VETERANS AFFAIRS
XI—l. JOINT COMMITTEE ON INFECTIOUS DIARRHEA
XI—m. COMMITTEE ON UNIFORM FEE SCHEDULE FOR GOVERNMENTAL AGENCIES
XI—n. COMMITTEE ON RURAL HEALTH
XI—o. COMMITTEE ON COURSES IN MEDICAL ECONOMICS
XI—p. COMMITTEE ON MICHIGAN HIGH SCHOOL ATHLETIC ACCIDENT BENEFIT FUND
XI—q. COMMITTEE ON NATIONAL EMERGENCY MEDICAL SERVICE
XI—r. COMMITTEE TO MEET WITH CONGRESSMEN
XI—s. INDUSTRIAL STUDY COMMITTEE
XI—t. COMMITTEE ON REVISION OF CONSTITUTION AND BY-LAWS

(The Speaker resumed the Chair.)

THE SPEAKER: If there are no more reports from any of the special committees, all the supplemental reports and regular reports will be referred to the Reference Committee on Special Committees.

VIII—n. ON REPORT OF SPECIAL COMMITTEE TO STUDY THE MEDICAL PRACTICE ACT

W. B. HARM, M.D. (Wayne): Mr. Speaker, I have a resolution.

"WHEREAS, the report of the Special Committee appointed to study the Medical Practice Act has not been presented to the House of Delegates, and

"WHEREAS, this Committee needs the support of the entire membership in order to continue its work, and

"WHEREAS, the House of Delegates represents by election the component county societies, who are in close contact with the individual members, and

"WHEREAS, the By-Laws state that the House of Delegates 'shall concern itself and advise as to the interests of the profession and of the public in those matters of legislatition pertaining to medical education, medical registration, medical laws and public health,' and

"WHEREAS, this report recommends a revision of the present Medical Practice Act which is of vital concern to all doctors in Michigan, and

"WHEREAS, it is imperative that action be taken on this matter as soon as possible; be it therefore

"RESOLVED: That the report of the Committee to Study the Medical Practice Act be presented to this House of Delegates in Executive Session."

THE SPEAKER: Thank you, Dr. Harm. This resolution will be referred to the Reference Committee on Reports of The Council.

Is there any more new business?

(The meeting recessed at 6 p.m.)

Second Meeting
Monday Morning, September 22, 1947

The meeting convened at 10:10 a.m., J. S. DeTar, M.D., Speaker of the House of Delegates, presiding.

THE SPEAKER: The House will please come to order.

May we have the report of the Credentials Committee.

J. J. O'MEARA, M.D.: Mr. Speaker, I hold in my hand the credentials of eighty-seven applicants, more than necessary to form a quorum, and 50 per cent of which are not from any one county.

THE SPEAKER: The report will be considered as a roll call.

The next order of business is unfinished business. Is there any unfinished business to come before the House at this time? If not, is there any new business to come before the House at this time?

Are there any additional resolutions to be introduced?

VIII—o. CANCER DETECTION CENTERS

L. W. HULL, M.D. (Wayne): I have a resolution in regard to cancer detection centers.

"WHEREAS, great publicity programs and widespread organization of lay agencies on a national scale have stimulated an unprecedented public interest in and demand for the detection and control of cancer, and

"WHEREAS, such public interest and demand are being implemented by means of cancer detection clinics, by legislative aids for the investigation and study of cancer, and by public and private grants of funds for various activities in relation thereto, and

"WHEREAS, many of such well-intentioned projects may become misdirected, dissipated or otherwise diverted from their primary purposes unless they are given competent professional medical leadership and direction, and

WHEREAS, the public has at all times had reliance on doctors of medicine for the detection and control of cancer; now, therefore, be it

"RESOLVED: That the Michigan State Medical Society does reaffirm its purpose to stimulate, encourage and assist all proper measures for the detection, study, treatment and control of cancer; and be it further

"RESOLVED: That each county or district medical society of Michigan, either by itself or in conjunction with the surrounding county groups, is urged to create facilities for the appropriate handling of the cancer problem, and that it be responsible for cancer activities in its own area; and be it further

"RESOLVED: That these facilities be used for the detection of cancer among those who are not able to employ the services of a doctor of medicine; and be it further

"RESOLVED: That any expansion or alteration of such a program be undertaken only by the approval of the county medical society."

THE SPEAKER: This resolution will be referred to the Reference Committee on Resolutions.

Is there any further new business? If not, the next order of business is the reports of reference committees.

The Chair will call upon the Chairman of the Reference Committee on Officers' Reports, Dr. C. W. Oakes, to present his report.

XII. Reports of Reference Committees

XII—a. ON OFFICERS' REPORTS—SPEAKER'S ADDRESS

C. W. OAKES, M.D. (Huron): Mr. Speaker, the report of the Speaker is approved, and we commend the report in its entirety.

XII—a. PRESIDENT'S ADDRESS

We compliment President Hyland on his address. Although short, it was concise and to the point.

XII—a. PRESIDENT-ELECT'S ADDRESS

Dr. P. L. Ledwidge's address as President-elect was of the same sterling quality and sincerity as his speeches have been in the past, while he was Speaker of the House. We approve of his report without reservation.

XII—a. REPORT OF DELEGATES TO AMA HOUSE OF DELEGATES

The report of the Delegates to the American Medical Association consists of two sections, A and B, A being the Chicago interim meeting of December, 1946, and B the annual meeting for 1947 at Atlantic City. We compliment the Delegates on their diligent work in two hard sessions, and their detailed and accurate report. Mr. Speaker, I move the adoption of this report as a whole.

ANDREW VAN SOLKEMA, M.D. (Kent): I support the motion.

(The motion was put to a vote and was carried unanimously.)

XII—a. ON EXPENDITURES IN U.S. EXECUTIVE DEPARTMENTS

C. W. OAKES, M.D.: We have another resolution from Genesee County, introduced by Dr. Morrish, relative to the "investigation of the participation of Federal officials in the formation and operation of health workshops." We approve this resolution and move its adoption.

THE SPEAKER: Is it clear what motion this is? Would you like to read the resolution?

C. W. OAKES, M.D.: It is a long one. I think Dr. Morrish knows more about this than I, and he can explain the whole thing.

THE SPEAKER: This resolution was read before the House yesterday. Would the House care to hear the Resolved portion of this resolution, without the preamble?

E. D. SPALDING, M.D.: I move that this motion be read by title at this time.

HARRY LIEFFERS, M.D. (Kent): I second the motion.

(The motion was put to a vote and was carried unanimously.)

C. W. OAKES, M.D.:

"WHEREAS, House Report 786, 80th Congress, entitled 'Investigation of the Participation of Federal Officials in the Formation and Operation of Health Workships,' shows evidence that there have been violations of Section 201 of Title 18 of the United States Code by employes of the departments and agencies specifically mentioned in the report, and

"WHEREAS, it was suggested and recommended by the Subcommittee on Publicity and Propaganda of the Committee on Expenditures in the Executive Departments that 'action be taken by the Attorney General of the United States to prosecute these violations, and to prevent further disregard by Federal employes and agencies of the law cited'; therefore, be it

"RESOLVED: That the House of Delegates of the Michigan State Medical Society does approve of the purpose of the investigations made by the Subcommittee on Publicity and Propaganda of the Committee on Expenditures in the Executive Departments, and does commend its fearless presentation of evidence uncovered during its investigation, and does hereby urge the Attorney General of the United States to give careful consideration to the recommendation of this Committee, and that the Subcommittee be advised of the action of the House of Delegates by sending a copy of this resolution to its Chairman, the Honorable Forest A. Harness of Indiana; and

"RESOLVED: That additional copies of this resolution be sent to the Speaker of the House of Representatives, the Honorable Joseph W. Martin, Jr., Washington, D. C., and also to the Chairman of the Committee on Expenditures in the Executive Departments, the Honorable Clare E. Hoffman of Michigan, and to the Attorney General of the United States, the Honorable Tom C. Clark."

The basis for this matter is that the Federal government and certain agencies in it have been using Federal money to exploit certain reforms, such as the Murray-Wagner-Dingell Bill, and they are trying to get Federal state medicine. Right now there is a commission in the Philippines trying to put this thing across in Japan and the Philippines, without any authorization. They are using these Federal funds to promote socialized medicine. This resolution asks for an investigation. We are to inform our senators and representatives in Washington to look into it. Is that clear?

THE SPEAKER: Are you ready for the question? Do you care for a further explanation?

S. L. LOUPEE, M.D. (Cass): I would like to know something more about this proposal. What is the concluding paragraph of the resolution? That is what we need.

THE SPEAKER: Will you read that, Dr. Oakes?

(Dr. Oakes read the final "Resolved.")

THE SPEAKER: Is there further discussion?

S. L. LOUPEE, M.D.: The purpose of this proposal undoubtedly is correct, but we should do something to disclose the activities

of the agencies in the Federal government that are spending money without control. If any member of this organization is weak enough to believe that by appealing to Tom Clark we are going to get any action, he is just being silly. Nothing whatever would be done.

If you want to approach this from a different angle, if you would like to call the attention of our senators and every member of the Michigan delegation to it, and get them to work on it as representatives of the Michigan State Medical Society, we might get something done. But you will never get anything done if you appeal directly to the Attorney General's department.

THE SPEAKER: Any further discussion?

R. S. MORRISH, M.D.: I hope everyone present will take it upon themselves to get a copy of House Report 786 of the 80th Congress, 1st Session. It is the third intermediate report of the Committee on Expenditures in Executive Departments, of which Congressman Forest K. Harness of Indiana is the Chairman.

This Committee is making up a survey of alleged illegal expenditures of money, which runs up to as much as 75 million dollars, with the idea of offering propaganda on behalf of such bills as the Murray-Wagner-Dingell Bill.

The organizations under investigation by this Committee, and also certain individuals, by the Federal Bureau of Investigation —and these individuals' names are familiar to you particularly if you have been reading any of the reports issued by Marjorie Sherman—the organizations under scrutiny are the Public Health Service, for one. You probably remember the letter sent out last year by Dr. Thomas Perrin, urging everybody in the United States Public Health Service to get behind President Truman's effort to bring about socialized medicine. Another organization is the Children's Bureau, also the Office of Education, the United States Employment Service, the Department of Agriculture, and the Bureau of Research and Statistics of the Social Security Board.

This Committee reports: "Your Committee finds that the use of federal funds for the purpose of influencing legislation before Congress is unlawful under Section 201, Title 18 of the United States Code. We have therefore brought these matters to the attention of the Department of Justice, with the request that the Attorney General at once initiate proceedings to stop this unauthorized and illegal expenditure of public moneys."

Mr. Harness has sent a letter to the Honorable Tom Clark, asking that he prosecute these agencies with the information he has secured.

Our purpose in offering this resolution was simply to give support to Congressman Harness. As Dr. Loupee said, we can't expect anything from Tom Clark, but we can expect something from Tom Clark if we needle him enough, and if enough organizations such as ours needle him enough. Certainly Forest K. Harness and our own Clare Hoffman, who is the Chairman of the Committee on Expenditures in Executive Departments, will get our support, also the Speaker of the House. Our purpose is to give these people our moral support. They will handle Tom Clark if anybody can. I realize we can't handle him, but at least we can offer our help.

S. L. LOUPEE, M.D.: As I stated at the start, I am heartily in favor of this resolution. I believe this organization should support the members of Congress who are making an effort to curtail federal expenditures. I know Clare Hoffman very well, and I know he is definitely in earnest when he starts out to accomplish this. He is going to do it if it is humanly possible. It is just barely possible this resolution will do what we want it to do. I hope it will be made as strong as we can possibly make it, and I hope this organization will get behind this movement and give it our support.

I am willing to vote for this resolution as it stands, if it is the best you can prepare.

(The motion was put to a vote and was carried unanimously.)

THE SPEAKER: Is there any further report from the Committee?

C. W. OAKES, M.D.: Mr. Speaker, I move we adopt the report of the Committee as a whole.

R. A. SPRINGER, M.D. (St. Joseph): I second the motion.

(The motion was put to a vote and was carried unanimously.)

THE SPEAKER: The next order of business is the report of the Reference Committee on Reports of The Council.

XII—b. ON REPORTS OF THE COUNCIL

W. B. MITCHELL, M.D. (Kent): Mr. Speaker, first we will take up the recommendations of The Council, as reported on page 50 in the Handbook.

The first recommendation.—The Committee recommends that the House of Delegates accept this recommendation, and I move its adoption.

THE SPEAKER: Dr. Mitchell, I don't believe you will have to move the adoption of each separate recommendation, until you are ready to move the adoption of the report of the Council as a whole.

W. B. MITCHELL, M.D.: Thank you. We will take them altogether, then, 1, 2, 3, 4 and 5, and the supplemental recommendations as given in the supplemental report.

No. 2.—The Committee recommends that the House accept this recommendation.

No. 3.—The Committee recommends that the House accept this recommendation, with emphasis on the clause beginning "The Council again recommends that the House of Delegates urge all component county and district medical societies to make every effort, within the next few months, to negotiate necessary revisions in schedules of benefits covering governmental wards so that individual members of county societies are not penalized by being forced to perform services at a financial loss and below the fees either charged private patients in their particular areas or those indicated in the Uniform Fee Schedule for Governmental Agencies."

No. 4.—The Committee recommends that the House of Delegates accept this recommendation.

No. 5.—Not considered in view of the supplemental recommendation.

Supplemental Recommendation No. 1.—This was considered, and the following recommendation is made by the Committee to the House of Delegates: "That the House of Delegates authorize the continuation of a progressive public relations and public education program of the Michigan State Medical Society, and that it finance this important and necessary project by a per capita membership assessment of $25 for the year 1948."

Supplemental Recommendation No. 2.—"That the House of Delegates consider the granting of life membership to doctors of medicine who have obtained the age of seventy years and who have been members of the Michigan State Medical Society for a period of twenty-five consecutive years or more" was considered, and it is recommended that this be referred to the Committee on Revision of the Constitution and By-Laws.

The adoption of *Supplemental Recommendation No. 3* is recommended as follws: "That the membership of this House of Delegates take back to their county societies the information regarding the American Medical Association's gold medal award for an outstanding general practitioner; that efforts be made to locate the Michigan candidates for this award, and that nominations, together with complete substantiating data, be submitted to the Executive Committee of The Council before its November meeting so that a Michigan candidate or candidates may be selected for submission to the headquarters of the American Medical Association."

The Committee reviewed the report of The Council and the supplemental report of The Council in detail, and takes this occasion to express its compliments and appreciation for the high caliber of work and the extraordinary devotion to duty by members of The Council.

XII—b. ON TENURE OF STATE HEALTH COMMISSIONER

Consideration of resolutions:

A resolution concerning Dr. DeKleine, presented by Dr. Bloemendaal of Ottawa County: The Committee recommends that this resolution be not adopted.

XII—b. ON REPORT OF THE SPECIAL COMMITTEE ON STUDY OF MEDICAL PRACTICE ACT

A resolution concerning the report of the Special Committee on Study of the Medical Practice Act: It is recommended by this Committee that the report made to The Council by the Special Committee to Study the Medical Practice Act be not presented to the House of Delegates at this time, in view of the fact that the work is incomplete.

XII—b. ON RATIO OF MEDICAL OFFICERS IN THE ARMED FORCES

A resolution concerning the reduction of the ratio of physicians to the personnel in the armed forces: It is recommended to the House of Delegates that this resolution be not adopted.

It is recommended that the general outline of the complaints, as enumerated by the Chairman of The Council in his report to the House of Delegates regarding doctors of medicine, be taken back to their component societies for discussion and consideration.

These are the recommendations of the Reference Committee on the Reports of The Council, and I move their adoption as read.

THE SPEAKER: The motion is that the report of The Council and supplemental report be adopted as read, with the additional recommendation, Dr. Mitchell, that Section 2, recommendation 2, on life memberships, be referred to the Reference Committee on Amendments to the Constitution and By-Laws.

L. G. CHRISTIAN, M.D. (Ingham): I second the motion.

THE SPEAKER: Is there any discussion?

E. D. SPALDING, M.D.: Mr. Speaker, I have several remarks I would like to make on this subject.

My remarks will be confined entirely to that portion of The Council's report that has to do with the proposed program of the Public Relations Committee. There are many of us in this room who are willing and glad to contribute $25, or more if necessary, to any proper cause, but we are not willing that this be spent as it is proposed, and at this time.

The Public Relations Committee has outlined in this brochure, which was handed to us with the supplemental report to the Council yesterday, much that is worthy of consideration, and it also contains much that is false and highly unwise.

This Committee proposes that a $135,000 budget be spent this year, of which $25 from each member will raise somewhere from $107,000 to $116,000, requiring the dipping into the reserves of $60,000 to the tune of nearly 50 per cent.

Not only the spending of the $25 to be assessed this year, but practically half of your reserve in addition, at a time when the sun is shining and the wind is not blowing. What are you going to leave in the reserve for the time when the weather is more inclement?

There are a number of objections, some of which I will voice and others which will be discussed from the floor by others. The question of the radio as a valuable means of approaching the public: Some of the material that has been put out over the radio is of small interest to the general listening public, and can be improved upon.

The question of the movies: If the movie script that was shown yesterday is an example of the type of thing that is going to be foisted on the public, some revision of it will have to be made. May I call your attention to one very brief episode in the movie, in which the young practitioner comes in, feels the man's pulse without taking out his watch, looks at the patient's tongue, and promptly writes out a prescription for sulfathiazole, without even examining the patient! If that is good public relations I'll eat it!

Some of us object very definitely to this matter of newspaper advertising. I think we feel that in this regard we are interested in informing the public, but not advertising the profession. The Speaker of this House yesterday, in addressing you on this same subject, raised the point that last year a delegation objected to newspaper advertising in one county of this state, stating the fact that we objected to the wasting of money by such advertisements. It is not the waste of the money that was objected to, but the appearing of such an advertisement advertising the profession, which we felt was not the best way to approach the public.

I call your attention to the fact that in the meeting in Owosso, when the Public Relations Committee convened to lay out a plan for the expenditure of $60,000, at the beginning of that meeting there were seven men of a twenty-six-man Committee present, and at the close of the meeting there still was no quorum.

This is not a business-like way to dispense with $60,000 of the state's money. Understand again, I am in no way objecting to the raising of $25, or more if necessary, if a good and proper use can be made of it; but the brochure as handed out yesterday is not my conception of a proper application of funds.

Therefore, Mr. Speaker, I move an amendment to the motion to adopt The Council's report, that that portion of The Council's report which applies to the endorsement of the program of the Public Relations Committee be not adopted.

W. W. BABCOCK, M.D. (Wayne): I support the motion.

THE SPEAKER: You have heard the amendment as proposed, that that portion of the report referring to the $25 assessment be not adopted. Is there any further discussion on the amendment?

E. D. SPALDING, M.D.: Mr. Speaker, you misquote me. I am referring to the program, not to the $25.

R. S. BREAKEY, M.D. (Ingham): I understood the amendment to refer to the means of application. I want it clear whether we are voting on the assessment or the application.

E. D. SPALDING, M.D.: The program.

VOICE: Will you read the amendment again?

(The reporter read the amendment).

B. T. MONTGOMERY, M.D. (Chippewa-Mackinac): Does Dr. Spalding mean to eliminate our program on public relations or has he some substitute?

THE SPEAKER: Dr. Spalding, would you care to answer that question?

E. D. SPALDING, M.D.: I think my remarks will stand as they were issued. It seems to me it was rather obvious that I do not approve of the program as outlined in this brochure.

L. G. CHRISTIAN, M.D.: Mr. Speaker, may we hear from The Council on this? Do they have the information? I am sure many of us do not know all about it.

THE SPEAKER: Dr. Christian has asked that Dr. Sladek speak for The Council on this matter.

E. F. SLADEK, M.D.: Gentlemen of the House of Delegates, the public relations program as outlined is probably not the final program which will be instituted. In order to budget a proposed program, or budget the expenditure of a fund which we raise, certain projects must be proposed. The projects are a development of our experience during the past two years in trying out various media of public relations and media attempting to influence the attitude of the public.

Every item of the public relations program, before a penny is spent on it, is brought before The Council and is thoroughly discussed. I think you members of the House of Delegates would be markedly surprised at the number of proposed projects which The Council turns down.

The pamphlet as prepared and placed in your envelopes is an outline of possible things. For instance, the movie you saw yesterday isn't the movie we propose or that the Public Relations Committee proposes to put on the screen.

E. D. SPALDING, M.D.: Then why was it shown?

E. F. SLADEK, M.D.: It was shown as an example of the type of work this company does which has been contacting the manufacturer, and who put on the program and the movie, just as an example of the type of work they do. It was a March of Time film from last year or the early part of 1947. It is proposed that in the making of this movie we have checks on original script as written. There will be suggestions for the four types of movies. There will be a check on the script, a medical check after the first revision, a thorough medical check by a committee of doctors; then before it is actually acted upon there will be another check, I understand, with an M.D. around when they are actually taking the picture. Before it is released this medical committee must okay it. If they do not okay it there will be no cost to the Society.

In other words, the company has guaranteed that the movie will be fully satisfactory to the Public Relations Committee and to the Council of the Michigan State Medical Society. There will be plenty of checks on that movie.

As far as the rest of the program is concerned, as I said, all of the projects are checked through The Council

Are there any other questions?

DOUGLAS DONALD, M.D. (Wayne): I would like to ask Dr. Sladek a question: I didn't see anything proposed as an expenditure for the education of the doctor.

You spoke yesterday evening at some length on good private relations. I am one of those unfortunate old-fashioned individuals who still thinks that is the best public relations there is. I would like to see something in this program advancing better private relations, which you expressed so beautifully in your talk last night.

E. F. SLADEK, M.D.: Thank you. Concerning the education of the doctor, The Council holds district councilor meetings in various councilor districts, supposedly every year. It is often hard to get out an attendance at those meetings.

In January we have our Secretaries' Conference, which is a stimulating meeting, and at which a tremendous amount of information is brought to the secretaries and to the public relations committees of each individual county society. The Public Relations Fund pays the expenses of the secretaries and the members of the public relations committees who attend that meeting. That is a stimulating meeting. If the secretaries carry that information back to their county societies—which some, not all, of them do, unfortunately—the doctors are distinctly educated along social-medical-economic lines.

We also propose, I believe, the issuance of pamphlets from time to time. Most doctors don't read pamphlets; that is one of the sad commentaries on them.

E. D. SPALDING, M.D.: Are you referring to "Joe Genius?"

E. F. SLADEK, M.D.: There hasn't been a "Joe Genius" pamphlet published in about two years.

E. D. SPALDING, M.D.: I heartily applaud that! (Laughter)

E. F. SLADEK, M.D.: As I tried to say, we can't outline a specific program because things come up that may change our attitude and our type of attack of lay education. We don't know but that in January there is going to be a tremendous amount of activity in Washington on the Murray-Wagner-Dingell Bill. In the hearings on the Taft Bill, two of which I have attended, some of the opposition senators were very, very definite that some sort of program be put into action, and that a vote in the Congress would be taken on some form of health legislation early in 1948.

If any of you have followed the reports of the hearings in the American Medical Association *Journal*, you know that following the doctors' testimony and testimony by the proponents of the Taft Bill, Senators Murray and Pepper brought in a tremendous amount of testimony opposing the Taft Bill and very, very definitely substantiating the principles of the Murray-Wagner-Dingell Bill.

I think things are going to be serious in Washington in 1948.

E. D. SPALDING, M.D.: Then why expend your budget before it gets serious?

E. F. SLADEK, M.D.: The budget won't be expended before it gets serious.

E. D. SPALDING, M.D.: You are already dipping $30,000 out of the reserve, as well as spending the current assessment.

W. B. HARM, M.D.: I notice in the budget this year that there is no reserve set aside. When the original assessment was put on, I think it was the understanding that it would be built up to a reserve of $100,000.

E. D. SPALDING, M.D.: They are depleting their reserve of $30,000, or 50 per cent.

W. B. HARM, M.D.: At the present time they have $60,000 in the reserve. We understood this reserve was to be used for public relations. Wayne County says The Council has a right to use this reserve for anything they wish. It was not set aside directly for public relations.

Are we going to continue to build up the reserve for an emergency, such as Dr. Sladek was talking about just now, or is $60,000 considered by The Council enough reserve?

E. F. SLADEK, M.D.: I would like to call on the Chairman of the Public Relations Committee to answer that question.

THE SPEAKER: Will the Vice Speaker please take the Chair?

(Vice Speaker Baker resumed the Chair)

H. H. RIECKER, M.D.: Are we voting on this resolution for the assessment? Are we discussing that?

THE VICE SPEAKER: We are discussing the amendment.

H. H. RIECKER, M.D.: Is the assessment now up for vote?

THE SPEAKER: Mr. Vice Speaker, this becomes more and more involved. I stated in my Speaker's Address that I did not care to take part in any argument. I wanted to be absolutely impartial. However, I have been asked, so I will state a point of view.

The Public Relations Committee did not spend as much money as was appropriated this past year, by something like $12,000 to $14,000. This budget which has been brought up for next year includes every item that the Public Relations Committee felt we would like to see put through next year. However, before any item is spent the Council must authorize that expenditure. That has been the experience this year.

Regarding the $60,000 in the reserve fund, the Council specifically stipulated, when the additional $30,000 was taken out of the 1947 budget (the fund for 1947), that that money would be put into the reserve fund along with the $30,000 from last year, and be specifically earmarked for public relations purposes, and cannot be used for any other purpose.

Regarding the proposed program of the movies, we are not sticking our necks out too far on this matter. True, there is $48,000 in the budget; however, the J. M. Handy Company would have a contract with us to produce the first picture. It would cost the State Society $3,000 on the signing of that contract, according to my understanding. The work would be done. When the movie is one-fourth finished—and, incidentally, we would have and we must have medical consultation all the way along, from specialists in various lines, from general practitioners; we must have adequate coverage of such a project as this which represents us on the screen before so many people, and we would have that. I am sure the Chairman of the Public Relations Committee will be certain that we are protected in that regard.

We would spend $3,000. The picture would be finished; another $3,000. We would check it. We would pay 25 per cent each time until we have finished the production of the movie. That is $12,000. Then it would be put into theatres and put on the market.

The question arises: Are we sure the movie would go into the theatres? The J. M. Handy Company is not willing, as I understand our relationship, to guarantee absolutely that it will go into 400 theatres, but the representative of the company, who has been with us on the Council talking over the matter, has said that it has been the policy of the company, although it is not put in the contract. True, without that in the contract we might be taking a chance on $12,000 of our funds; however, it has been their experience that in making similar pictures for other organizations, those movies have been good enough so that the theatres have wanted them, and the pictures have been shown on the screen.

It would cost an average of something like two cents per person to whom it is shown, to have it shown throughout the theatres in Michigan.

While I have the floor as Past Chairman of the Public Relations Committee, are there any other questions anyone would like to ask me?

E. D. SPALDING, M.D.: How was action proposed on the $60,000 expenditure without a quorum being present?

THE SPEAKER: Dr. Spalding, it is very difficult to get committee members to attend all meetings.

E. D. SPALDING, M.D.: Does it make it legal?

THE SPEAKER: That question was brought up at the meeting of the Public Relations Committee in Owosso. The members of the Public Relations Committee were written one notice of the meeting and were sent second letter. Every effort was made to get them there. However, we know of nothing in the Constitution which requires that a quorum be present at committee meeting to make the actions of that committee meeting legal and binding. If you know of any—

E. D. SPALDING, M.D.: Robert's Rules of Order. Would you care to read it in that?

THE SPEAKER: Would you care to read it, Dr. Spalding?

E. D. SPALDING, M.D.: No, but I can if you want me to.

THE SPEAKER: Does the House care to go into this matter further regarding whether the actions of the Public Relations Committee in Owosso could be considered as binding?

(Cries of "No!")

THE SPEAKER: Gentlemen, at that Committee meeting all the members of the Committee who could be corraled together were there. The recommendations were made by that Committee; they were sent to The Council. No recommendation of any committee is binding, and no expenditure can be made, until The Council has authorized it.

The Council took the recommendations of that Committee and altered those recommendations and submitted them, and those recommendations you have in your brochure are as corrected by the Council. However, that is only a tentative budget, and if I have answered as many questions as you care to have me answer I will turn the floor back to Dr. Sladek.

(The Speaker resumed the Chair)

H. F. DIBBLE, M.D. (Wayne): There isn't a man in this House of Delegates who doesn't realize we need this $25 assessment. This arguing and bickering about what you are going to do with it—the men who do serve on the Council, we feel, are capable of spending our money the right way. All this bickering reminds me of the fellow who needed a car for a whole year. He sent his wife down to get it, and she came back without it. She said, "Dear, it's the wrong color!" (Laughter)

W. B. HARM, M.D.: I still would like to find out about the $60,000. We were told it cost California $200,000 in their budget for compulsory health insurance. Isn't that the purpose of this fund—to build it up? I don't mind spending the assessment, but I want to see it put some place where it is going to be useful. I don't think $60,000, if we have a fight on our hands here, is going to amount to very much.

From hearsay you already have the $60,000, and you are afraid if you don't spend some of it the members won't go for the $25 assessment. I am still in favor of putting some of that into the reserve.

THE SPEAKER: Dr. Harm, may I answer that question? There was one point at the Owosso meeting that I perhaps didn't make clear.

The Public Relations Committee did vote to use the $30,000 from the 1947 assessment in the 1948 program; however, The Council, in checking over the minutes, did not approve of that recommendation, and put the $30,000 for 1947 into the reserve fund, making it $60,000.

Are there any other questions?

W. W. BABCOCK, M.D.: It seems to me that if we accept the report of The Council we commit ourselves to the program as outlined. I don't think we should do that. We are getting in a Public Relations Committee, and I think they should have a free hand and that their hands should not be tied. I am also not against the $25.

It also seems to me that perhaps the present ideals, as outlined by the Public Relations Committee, are based on a false premise. They are based on the premise of advertising.

I oppose the principle of any professional group advertising themselves to the public. In my opinion group professional advertising is as bad as individual advertising. I think the discussion of advertising cheapens doctors as a group and lowers them to the class of the cultists. We have maintained our status above those cultist groups without advertising.

I don't think the program as outlined will change national or state legislation one iota. I personally don't see any tangible return from the moneys already spent by our public relations program.

I know the rank and file of doctors, who elected me as a delegate (because I have contacted and interviewed some of them), are dissatisfied with the public relations program and the way the money has been expended. They don't see the results.

It seems to me we perhaps could take a hint from the American Medical Association, which has curtailed its public relations program drastically or entirely eliminated it. I do agree with all the previous speakers that we do need a reserve for contingencies, and I am in favor of the $25 assessment to be used at the discretion of The Council. I feel The Council should hear the expressions of the delegates, so they can best regulate the spending of this money and the way it is to be distributed.

THE SPEAKER: Are there any other questions any other delegate cares to ask Dr. Sladek while he is on the platform?

L. G. CHRISTIAN, M.D.: As a member of this Committee, I feel that the Committee was not given this information. I feel these men should have come in and voiced their objections when we were meeting. We are getting no place, and I know there is a motion before the House, but I would like to request that this be sent back to the Committee. Let these men come in and advise us so we can make some decision.

THE SPEAKER: Dr. Christian, in order to fulfill that request you would have to move that this be referred back to the Reference Committee for further consideration.

L. G. CHRISTIAN, M.D.: Will you accept that motion?

THE SPEAKER: Yes.

L. G. CHRISTIAN, M.D.: I move that this portion of the report be sent back to the Committee for further consideration.

H. F. DIBBLE, M.D.: I second the motion.

THE SPEAKER: The motion is that the section of the report dealing with the matter of the spending of the $25 assessment during the year, as outlined in the brochure, be referred back to the Reference Committe on Reports of The Council.

E. D. SPALDING, M.D.: Is this an amendment to the amendment?

THE SPEAKER: No.

E. D. SPALDING, M.D.: There is a motion before the house.

THE SPEAKER: There is a motion before the house, which is in the form of an amendment. The motion to refer takes precedence over the motion to amend; therefore, the Chair feels that this could be referred back to the Reference Committee on Reports of The Council for further consideration.

Is there any further discussion on the motion to refer back to the Committee?

F. A. WEISER, M.D. (Wayne): I am in favor of the matter going back to Committee, but I feel very definitely that the House of Delegates should know why we oppose the present program.

We have a rather serious job ahead of us, and showing motion pictures to the populace at large isn't going to accomplish it. Putting advertisements in the newspapers isn't going to accomplish it.

I need not tell you what the method is going to have to be. It has been said here that we face a national plan by both parties, and I think anyone who runs may read them.

Let me cite a situation as indicative of what is going on: There is a county society in this State that invited, I believe, thirteen or fourteen political speakers to speak before them as they have previously done. This year, as of October 5, not one of these people accepted the invitation. I think that is rather significant. I don't think the politician wants to talk to a medical group at the present time, because something is coming. We are going to need money. We can't fritter it away on a public relations program that is aimed at glorifying the doctor. We need no glorification. Our work is our glorification, and if we need any beyond that, God help us!

Another point: Let's assume we do have the J. M. Handy Company make pictures for us—cinema, as it has been called. What is to prevent the cults from having a similar picture made? Do you think for a minute that J. M. Handy is going to turn down a group of cults that will pay them $12,000 for a picture? That's their business; sure, they'll make it! Are we going to start a race among cults for the visual education of the public? It just doesn't make sense, fellows!

If you recall Ed Sladek's talk yesterday, he gave us several instances of what we can do. What do you expect can overcome the feeling of the public when they are charged $6 for a doctor's signature on two marriage certificates? Can't you imagine that the people who know these things, when they see a picture of a doctor on a screen, pumped up as a pious, sanctimonious simp, say, "Oh, hell! A doctor is a human being!"? And that is what we are. Why should we try to put ourselves over on the public as something as sanctimonious as that shown in the picture, and as what will be shown and is, and what is being talked about over the radio?

We are almost always pictured as going out in the dead of the night, mushing through the snow, saving lives. Nothing is sillier; you and I know it.

The moment we begin to do honest public relations I will be for it. What I am for is to save our money. We are going to need it. Our public relations aren't going to be with the public in the movie theatres or at their fireside listening to the radio or reading the paper. Our public relations will have to be with those people who are controlling what is going to happen to organized medicine, and we should be for a plan equitable for the public and for us through legislation.

THE SPEAKER: Is there any further discussion to refer this section of the report back to the Reference Committee on Reports of The Council?

(The motion to refer was put to a vote and was carried, but not unanimously)

THE SPEAKER: The Chair believes that since an amendment was proposed to the report of the Reference Committee, and since that amendment has been referred back to the Reference Committee on Council Reports, it is impossible for the House to accept the report of The Council until it is reported out as amended.

Therefore, the Chair will ask that the Chairman of the Reference Committee on Council Reports will take back the entire report of The Council for discussion, and consider this amendment and report back at the next session. Are there any objections?

VIII—p. ON SEMI-ANNUAL MEETINGS OF THE HOUSE OF DELEGATES

A. H. KRETCHMAR, M.D. (Genesee):

"WHEREAS, the volume of business transacted by the House of Delegates of the Michigan State Medical Society has been increasing steadily during the past several years, and

"WHEREAS, the interval of time between annual sessions is often too long to give proper attention to the problems at hand, and

"WHEREAS, the Annual Michigan Postgraduate Institute meets during the spring months; therefore, be it

"RESOLVED: That henceforth a semi-annual meeting of the House of Delegates shall be held during the time of the Annual Postgraduate Clinical Institute, to transact such business and to consider such resolutions as may be presented at that time."

"In order to transact such business, and to consider any resolutions that may be presented; be it

"RESOLVED: That a special meeting of the House of Delegates be called at the time of the meeting of the Michigan Postgraduate Clinical Institute for 1948."

THE SPEAKER: This resolution will be referred to the Reference Committee on Resolutions.

T. K. GRUBER, M.D.: Mr. Speaker, I believe that will require an amendment to the By-Laws. I would suggest it be referred to the Reference Committee on Constitution and By-Laws.

"The House of Delegates shall meet annually at the time and place of the annual session, and may hold such other meetings of the House as it may determine or its business require."

THE SPEAKER: Dr. Gruber, the By-Laws may be amended on motion of the House without having to wait over a year, and the Speaker feels he would like to have the Committee on Resolutions consider this and report back at the next session. It would then be possible to have an opinion or motion by the Chairman of the Reference Committee on Amendments to the Constitution and By-Laws. However, this does not require an amendment.

Unless there is opinion expressed otherwise, the Chair would like to have this considered by the Reference Committee on Resolutions.

VIII—q. ON SALARY INCREASE TO MEDICAL OFFICERS IN ARMED FORCES

E. C. TEXTER, M.D. (Wayne):

"WHEREAS, the House of Delegates of the American Medical Association, at its meeting in Atlantic City, publicly announced a desire to elevate the standing of the general practitioner in the eyes of the lay public and the medical profession, and

"WHEREAS, the sentiment of all concerned at the Atlantic City meeting was to the effect that all doctors of medicine should have equal professional and financial opportunity regardless of what branch of the healing art they practiced, and

"WHEREAS, when a congressional bill was presented in which it was proposed that there be a differential in pay between so-called specialist officers and non-specialist officers in the military forces, the delegates contradicted their expressed views and approved this bill, and

"WHEREAS, the differentiation in rank and pay between these two groups in the recruiting of medical officers in the late war was one of the greatest sources of dissatisfaction, and

"WHEREAS, in peace time the military services have the time and finances to develop specialists among its various personnel at government expense in accordance with the ability shown; therefore, be it

"RESOLVED: That the American Academy of General Practice of Wayne County voice its approval of an increase in pay to medical officers of the armed services in general, but demand that no differentiation be made between so-called specialists and non-specialists; and be it further

"RESOLVED: That a copy of this resolution asking for this approval be sent to the Board of Trustees of the American Medical Association, the Board of Directors of the American Academy of General Practitioners, the House of Delegates of the Michigan State Medical Society, and the Council of the Wayne County Medical Society."

THE SPEAKER: This resolution will be referred to the Reference Committee on Resolutions.

Are there any other resolutions?

W. B. MITCHELL, M.D.: There are a few resolutions here, Doctor, that we would like to take up. Before we do so, the Chairman of the Reference Committee on Reports of The Council would like to ask the Chair if he may have permission to find out just how many would like to attend the Committee meeting, and how large a room we will need for the meeting. How many would like to be at the Committee meeting? I think we had better use this room, Doctor. (Laughter)

THE SPEAKER: We will announce the room at the close of the meeting.

XII—b. RESOLUTION OF TENURE OF STATE HEALTH COMMISSIONER

W. B. MITCHELL, M.D.: The Committee has three resolutions to report on. The first is a resolution concerning Dr. DeKleine, presented by Dr. Bloemendaal of Ottawa County.

The Committee recommends that this resolution be not adopted. I so move.

L. G. CHRISTIAN, M.D.: I support the motion.

THE SPEAKER: It is moved and supported that this resolution be not adopted. Do you care to have the resolution read? It is requested that you read it. Will you read the "Resolved" part, Dr. Mitchell?

W. B. MITCHELL, M.D.:

"RESOLVED: That the members of the Ottawa County Medical Society favor the continuance of Dr. William DeKleine as State Health Officer; and be it further

"RESOLVED: That the delegate of the Ottawa County Medical Society be instructed to convey these sentiments to the House of Delegates convened at Grand Rapids, September 21-23, 1947."

D. C. BLOEMENDAAL, M.D.: That is not a resolution; it is just an expression of sentiment. We really don't have to take any action on it. I think you ought to read the entire resolution.

THE SPEAKER: Dr. Bloemendaal has asked that the entire resolution be read.

(Dr. Mitchell read the entire resolution)

THE SPEAKER: This resolution was presented. Action must be taken on every resolution. It is moved that this resolution be not adopted—in other words, be not approved.

S. L. LOUPEE, M.D.: If I heard that resolution correctly, we have no action whatever to take on the matter. Action has properly been taken. It has been presented to this group; we are through with it.

THE SPEAKER: The motion before the House is that this resolution be not adopted. Is there any further discussion?

R. S. BREAKEY, M.D.: I agree with Dr. Loupee. This is a resolution presented to us, and there is no request that we take any action *per se*. It has been read twice, and it says that Ottawa County Society took this action and instructed their delegate to read a record of their action into the minutes of this meeting. It does not request nor state that this House of Delegates take any such action.

This matter is one of some controversy, and you are either on one side or the other. Since this does not require us to take definite action, it would be a great deal more diplomatic if we received the resolution from Ottawa County and did not place ourselves in the embarrassing position of endorsing or not endorsing the now-existing Commissioner of Health.

THE SPEAKER: May the Chair suggest that Dr. Breakey move that the motion be laid on the table?

R. S. BREAKEY, M.D.: I should like to move that the resolution passed by the Ottawa County Medical Society be received.

THE SPEAKER: There is a motion on the floor that the resolution be not adopted. The Chair cannot accept your motion.

E. D. SPALDING, M.D.: I move that action on this motion be indefinitely postponed, which is a way of killing it without voting on it.

THE SPEAKER: The motion is that action on this motion be postponed indefinitely. Is there any discussion?

R. S. BREAKEY, M.D.: Yes. If there is a motion in order, I move that it be received.

THE SPEAKER: As a point of order, Dr. Breakey, it is not possible to move to receive it when a motion is on the floor. However, the motion to postpone action indefinitely takes precedence over the original motion. Therefore, the motion on the floor is to postpone indefinitely. It is supported by Dr. Weiser of Wayne County.

(The motion was put to a vote)

THE SPEAKER: The Chair asks for a division of the vote. Will the Secretary count the hands, please?

(The motion was carried, with four dissenting votes)

THE SPEAKER: The motion is carried, and action is delayed indefinitely.

XII—b. REPORT OF SPECIAL COMMITTEE ON THE STUDY OF MEDICAL PRACTICE ACT

W. B. MITCHELL, M.D.: This is a resolution concerning a report of a Special Committee on the Study of the Medical Practice Act. It is recommended by this Committee that the report made to The Council by the Special Committee to Study the Medical Practice Act be not presented to the House at this time, in view of the fact that the work is incomplete—that is, the work of the Committee of The Council is incomplete.

I so move.

R. A. JOHNSON, M.D. (Wayne): I second the motion.

THE SPEAKER: The motion is that the report be not presented to the House because the work of the Committee of The Council is incomplete at this time. Do I take it you mean you are recommending no action on this resolution?

W. B. MITCHELL, M.D.: Yes.

THE SPEAKER: Is there any discussion on this motion?

E. D. SPALDING, M.D.: Will it be referred back to the Committee for further consideration?

W. B. MITCHELL, M.D.: It won't be necessary.

THE SPEAKER: It would be possible to refer this back to any committee. Does anyone care to make a motion?

C. S. RATIGAN, M.D. (Wayne): I think this House of Delegates should be informed as to whether this Committee will be continued or not. It is an important enough subject for the delegates to know. Not to have any knowledge of the work to be done—at least they should have some assurance that the work is going to be continued.

THE SPEAKER: May I answer that question? That Committee is a committee of The Council, and its work will be continued. Is that right, Dr. Foster?

Is there any further discussion on the motion that no action be taken on this resolution?

(The motion was put to a vote and was carried unanimously)

XII—b. ON RATIO OF MEDICAL OFFICERS IN ARMED FORCES

W. B. MITCHELL, M.D.: A resolution concerning the reduction of the ratio of physicians to the personnel in the armed forces. It is recommended to the House of Delegates that this resolution be not adopted.

I so move.

C. I. OWEN, M.D.: I second the motion.

THE SPEAKER: Do you care to have the resolution read, or do you remember it? Could you summarize it so we will know what we are voting on, Dr. Mitchell?

(Dr. Mitchell read the entire resolution)

THE SPEAKER: The motion before the House is that this resolution be not adopted. Is there any further discussion?

H. H. RIECKER, M.D.: This resolution came from the Washtenaw County Medical Society. There was pretty thorough study given to it by the men returning from the armed forces, believing there was an excess of medical officers, and that a better distribution in the armed forces could have been made of the physicians in the armed forces, and that the ratio of 6.5 physicians per 1,000 was too high.

This ratio is set by Congress, by law; it is not set by the Surgeon General. In the Navy and Marine Corps the ratio achieved and used during the was was 4.3. In the Army it was about the same. I don't have the exact figure for the Army, but the ratio of 6.5 was never accomplished in the armed services, and a great many of the returning surgeons in the Army thought there was an excess of medical personnel. They would like to have this ratio reduced to about 3 per 1,000, because they feel there were too many doctors in the Army not being used.

This is their opinion, not mine; I am merely explaining the origin of this resolution. I have talked to a large number of returned Army doctors, and they all feel exactly the same. Dr. Coller, who had a great deal to do with relations in the Army in connection with physicians, felt this resolution was sound. All the men who had been in the armed forces believe this resolution is sound.

That is the background, Mr. Speaker. Thank you very much.

WILLIAM BROMME, M.D. (Wayne): This entire subject was the matter of deliberative action last year in the House of Delegates meeting, and a request for reviewal of the ratios for medical officers in the armed forces was concurred in by the House of Delegates and was transmitted by the executive officer. That request already is in the hands of the Department of War in Washington, and I believe there is no further reason for passing this.

THE SPEAKER: Dr. Bromme feels there is no further reason for taking up this subject. Is there further discussion on this motion?

VOICE: Why did they accept the air forces' figures?

THE SPEAKER: I might refer that question to Dr. Mitchell. Why did the air forces accept this? He doesn't know.

B. M. HARRIS, M.D.: There was a peculiar setup in the air forces. It may be necessary that they have more medical officers.

VOICE: For what reason?

B. M. HARRIS, M.D.: God only knows.

THE SPEAKER: Is there any further discussion on the motion that this resolution be not accepted?

T. K. GRUBER, M.D.: May I answer the question of why they need more in the air forces? They need more psychiatrists in the air forces. (Laughter)

THE SPEAKER: Is there any further discussion on the motion that this resolution be not accepted?

(The motion was put to a vote and was carried unanimously)

W. B. MITCHELL, M.D.: It is recommended that the general outlay of the complaints as enumerated by the Chairman of the Council in his report to the House of Delegates, regarding doctors of medicine, be taken back to the component Societies for discussion and consideration.

The Committee has reviewed the report of The Council and the supplemental report of The Council in detail, and takes this occasion to express its confidence and appreciation for the high caliber of work and the extraordinary devotion to duty by the members of The Council.

Mr. Speaker, I move that the report of the Committee as a whole, as amended, be adopted.

H. F. DIBBLE, M.D.: I second the motion.

(The motion was put to a vote and was carried unanimously)

W. B. MITCHELL, M.D.: May I please announce that right after this meeting, in Room 222, we will have a meeting of this Committee. All those who are interested in voicing an opinion will please be there and help us. Thank you.

THE SPEAKER: Dr. Foster has a short announcement.

THE SECRETARY: We have with us in the back of the room, available to anyone, the official photographer of the American Medical Association, who has taken all the individual pictures for the AMA and various state medical societies throughout the country. He is set up in back for anyone who chooses to have a personal photograph made.

THE SPEAKER: While Dr. Gruber goes back to have his picture taken, we will proceed. (Laughter)

XII—c. ON STANDING COMMITTEES

The next item of business is the report of the Reference Committee on Standing Committees.

WILLIAM BROMME, M.D.: This Committee has the function of reviewing the reports of sixteen standing committees of the Society.

XII—c. LEGISLATIVE COMMITTEE

First, your Committee recommends that the report of the Legislative Committee be adopted.

I so move.

R. V. WALKER, M.D. (Wayne): Second the motion.

(The motion was put to a vote and was carried unanimously)

XII—c. COMMITTEE ON DISTRIBUTION OF MEDICAL CARE

WILLIAM BROMME, M.D.: We recommend that the report of the Committee on Distribution of Medical Care be adopted and I so move.

DOUGLAS DONALD, M.D. (Wayne): Support.

(The motion was put to a vote and was carried unanimously)

XII—c. MEDICAL LEGAL COMMITTEE

WILLIAM BROMME, M.D.: We recommend that the report of the Medical Legal Committee be adopted, and I so move.

L. W. HULL, M.D. (Wayne): I second the motion.

(The motion was put to a vote and was carried unanimously)

XII—c. PREVENTIVE MEDICINE COMMITTEE

WILLIAM BROMME, M.D.: We recommend that the report of the Preventive Medicine Committee be adopted, and I so move.

R. A. SPRINGER, M.D.: Second the motion.

(The motion was put to a vote and was carried unanimously)

XII—c. CANCER COMMITTEE

WILLIAM BROMME, M.D.: Your Committee recommends that the report of the Cancer Committee be adopted, but we urge the Cancer Detection Clinics to realize that the clinics are detection clinics and not one to treat cases. I so move.

M. A. DARLING, M.D. (Wayne): Second the motion.

S. L. LOUPEE, M.D.: I would like to have someone in this group outline for us what the purposes of this Cancer Committee are.

THE SPEAKER: Would you like to call on anyone, Dr. Loupee?

S. L. LOUPEE, M.D.: Who is the chairman of that committee?

THE SPEAKER: Dr. Norman Miller, of Ann Arbor. I am sorry he is not here.

S. L. LOUPEE, M.D.: Is there anyone here who serves on that Committee?

THE SPEAKER: Is there anyone here to answer Dr. Loupee's question?

S. L. LOUPEE, M.D.: Is it scientific? Is it economic? Is it political, or what? I would like to know.

THE SPEAKER: Is there anyone here who cares to answer that question?

F. L. RECTOR, M.D. (Ann Arbor); I happen to be the secretary of the Cancer Control Committee.

The Cancer Control Committee of the Michigan State Medical Society in the last year, under the wise suggestion of Dr. Hyland, was enlarged to incorporate in its activities the work of all the institutions and organizations in the state interested in cancer control. That included primarily the three organizations, the Michigan Division of the American Cancer Society, the State Department of Health, and the Michigan State Medical Society. This made a Committee of approximately twenty-five members.

In order to emphasize the work, Dr. Miller, the Chairman, appointed three subcommittees which he entitled the Subcommittee on Education, the Subcommittee on Ways and Means, and the Subcommittee on Fact Finding.

The Subcommittee on Education has, as its title indicates, the responsibility of being in charge of the educational work in the state, for which the Committee is primarily responsible. The Michigan Cancer Bulletin, which you are receiving at the present time, having received six of the thirteen issues to date, is one expression of the work of that Subcommittee. A Speakers' Bureau of some sixty members, well distributed over the state, was also set up, each member indicating his willingness to speak on cancer subjects before lay and other audiences. A set of newspaper articles that is being published serially was also set up by this Subcommittee on Education.

The Subcommittee on Education further tried to interest local medical societies in holding special cancer programs, and in certain instances holding what we call cancer teaching day programs, where they will devote a whole day and evening to the subject of cancer education for the profession, under the auspices of local

organizations. Several of those meetings have been held in the past year, and others are in process of being held in the months ahead. Those are examples of the work of the Subcommittee on Education.

The Subcommittee on Ways and Means has not been as active up to this time as it is expected it will be in the future. Its primary function is to consider the financial problems of the cancer control movement. As you know, very greatly increased amounts of money are being made available for the control of cancer, both from private and from public sources.

Last year the Public Health Service distributed 2½ million dollars throughout this country to the various state health departments for cancer control work. Some $84,000 of that came to Michigan. This year, I understand, an equal or possibly greater amount of money is available. The American Cancer Society in 1946 collected something like $11,000,000, and this year they collected over $12,000,000. That made a total of money available in Michigan for cancer control well over $350,000. It was felt that there should be some committee of responsibility concerned in the expenditure of those funds, and that is what the Ways and Means Committee is primarily intending to do.

Third, we have the Committee on Fact Finding which has set for itself two important pieces of work that are being carried out at the present time under the control of the committee. One of those is a survey of the hospital facilities in Michigan, a request having been sent to all hospitals of twenty-five beds or over, asking for information about their capacity to care for patients, their facilities for the diagnosis and treatment of cancer, and also their experience with cancer during the previous year, as to how many kinds of patients they had, and information of that sort.

The other survey or study is what we call a pilot study that has been carried out in four areas of the State, one of those being Hillsdale County, another Kent County (where we now are), a third a three-county district consisting of Antrim, Charlevoix and Emmett County upstate, and another, Baraga, Houghton and Keweenaw Counties in the Upper Peninsula.

Those surveys have been carried out by senior medical students who have been trained to gather the information requested, and that information has consisted in obtaining definite information about all cancer patients seen by physicians in those four areas or treated in the hospitals of those four areas during the year 1946.

The purpose of this survey was to find out primarily how many cancer patients there were known to the medical profession and the hospitals in those four areas in 1946. In other words, an incidence study, something we have never had before in the State of Michigan.

We also wanted to know how much cancer there was in the county known to the profession, a prevalence study, so called. We wanted to know how those patients had been taken care of, what had been the result of their treatment, and similar information. That information was gathered in such a way that it can be studied statistically, and that work closed just last week. Those case histories, of which there are hundreds, as soon as possible will be subjected to careful statistical analysis, and that information will be made available, of course, to the profession and to the state at large.

Out of these surveys it is hoped that there will come a better program and a more intelligent program for the care of cancer patients in this state.

During the coming year it is proposed that that program shall be extended. It is hoped and expected that the Michigan Cancer Bulletin, when the thirteen issues have been distributed, will probably be continued in some similar fashion. That method has not yet been definitely determined. It is also hoped and expected that the Speakers' Bureau will be enlarged and its services extended. In other words, we hope and plan to continue along the lines that have been followed during the past year.

Mr. Speaker, if there are any other questions I would like to try to answer them.

THE SPEAKER: The motion before the House is to accept the report of the Committee.

S. L. LOUPEE, M.D.: Mr. Speaker, I want to thank Dr. Rector for answering my question so completely. If it is permissible I would like to have an answer to another question:

Is any of this effort being expended in the hope that the cause of cancer will be determined and that the number of cases will ultimately be curtailed, Dr. Rector?

THE SPEAKER: Dr. Rector, would you like to answer that question? The question is whether any of the money is being spent with the hope that the cause of cancer will be detected and the number of cases curtailed.

F. L. RECTOR, M.D.: One thing I did not say was that this question of cancer detection clinics has that very purpose in mind. The Committee, of course, has always recommended that these clinics be established only upon the recommendation and with the full approval and consent of the county medical society in which they are established.

The Committee believes very definitely, I think, although I cannot speak for each and every member of it, that cancer detection clinics are simply one step toward the development of a better service to the cancer patient in order to cut down the rapidly mounting number of deaths from cancer.

We haven't much hope of stopping or preventing the development of cancer, but it has very definitely become established that when you can get cancer in early stages there is a very definite hope and possibility of curing that patient and preventing his death from cancer. And so the work of the Committee, of course, is directed toward the very broad objective of reducing the number of deaths from cancer in this state.

I would like to say this about cancer detection clinics: While there seems to be some objection to them on the ground that the conduct of these clinics requires a great deal of work for the number of cancer patients found, and it has been found that only from 1 to 2 per cent of the people examined have cancer, it has also been found that from 40 to 60 or 80 per cent of those people who are examined are in need of medical attention for conditions other than cancer; and when a clinic is properly conducted those patients are immediately referred back to their family doctor for care for those conditions. In that way I think you can see that a very fine program of preventive medicine is being inaugurated through these cancer clinics.

E. D. SPALDING, M.D.: That is good public relations.

THE SPEAKER: The Chair would like to call on Secretary Foster for a remark about a report rendered by the Cancer Committee to The Council.

THE SECRETARY: The minutes of The Council have not been transcribed, but my recollection is that yesterday in the report of the Cancer Committee there was a very definite statement made describing the technique to be used in the cancer detection clinics. It involved the question of economic status of individuals, and primarily was based upon the fact that no cancer detection clinic should be established anywhere without the consent of the local county medical society.

THE SPEAKER: Is there any further discussion on the motion that the report of the Committee be accepted, with the suggestions of the Reference Committee?

(The motion was put to a vote and was carried unanimously)

XII—c. MATERNAL HEALTH COMMITTEE

WILLIAM BROMME, M.D.: We have no report from the Maternal Health Committee for 1946-47.

XII—c. VENEREAL DISEASE CONTROL

We recommend that the Committee on Venereal Disease Control be adopted, and I so move.

R. L. WADE, M.D. (Branch): Second the motion.

(The motion was put to a vote and was carried unanimously)

XII—c. TUBERCULOSIS CONTROL

WILLIAM BROMME, M.D.: We recommend that the report of the Committee on Tuberculosis Control be adopted, and I so move.

C. W. OAKES, M.D.: Second the motion.

(The motion was put to a vote and was carried unanimously)

XII—c. INDUSTRIAL HEALTH COMMITTEE

WILLIAM BROMME, M.D.: The Committee on Industrial Health had no formal meeting. We recommend that this report of the Committee be adopted, but suggest that in view of the fact that Michigan is a highly industrial state, it would seem that this Committee should be more active.

I move adoption of the report.

R. A. SPRINGER, M.D.: Second the motion.

(The motion was put to a vote and was carried unanimously)

XII—c. MENTAL HYGIENE COMMITTEE

WILLIAM BROMME, M.D.: We recommend that the report of the Committee on Mental Hygiene, as supplemented by remarks from Dr. Henry Luce on September 21, 1947, be adopted. We recommend further that the Executive Committee of The Council reconsider the request for allocation of space for an advisory clinic.

I move that these recommendations be adopted.

E. C. TEXTER, M.D.: I second the motion.

(The motion was put to a vote and was carried unanimously)

XII—c. CHILD WELFARE COMMITTEE

WILLIAM BROMME, M.D.: We recommend the adoption of the report of the Child Welfare Commission, and I so move.

C. S. RATIGAN, M.D.: Second the motion.

(The motion was put to a vote and was carried unanimously)

XII—c. IODIZED SALT COMMITTEE

WILLIAM BROMME, M.D.: We recommend the adoption of the report of the Committee on Iodized Salt, and I so move.

R. S. BREAKEY, M.D.: I second the motion.

(The motion was put to a vote and was carried unanimously)

XII—c. HEART AND DEGENERATIVE DISEASES

WILLIAM BROMME, M.D.: We recommend the adoption of the report of the Committee on Heart and Degenerative Diseases. I so move.

HARRY LIEFFERS, M.D. (Kent): I second the motion.

(The motion was put to a vote and was carried unanimously)

XII—c. COMMITTEE ON POSTGRADUATE EDUCATION

WILLIAM BROMME, M.D.: We recommend the adoption of the report of the Committee on Postgraduate Medical Education. We commend all who participated in this expanding program.

I move that the recommendation be adopted.

E. D. SPALDING, M.D.: I second the motion.

(The motion was put to a vote and was carried unanimously)

XII—c. ETHICS COMMITTEE

WILLIAM BROMME, M.D.: We recommend the adoption of the report of the Ethics Committee, and I so move.

B. M. HARRIS, M.D.: Second.

(The motion was put to a vote and was carried unanimously)

XII—c. PUBLIC RELATIONS COMMITTEE

WILLIAM BROMME, M.D.: We recommend the adoption of the report of the Public Relations Committee for 1946-47, with the following suggestions:

(a) We recommend that extensive consultation be employed before media such as the cinema (displayed as a supplemental report by Dr. Walls) are utilized.

(b) Based upon the report of the Chairman of The Council which illustrated specific instances of poor relations between physicians and their patients, we recommend that this important element in public relations be added to the public relations program.

Mr. Speaker, I move the adoption of both these recommendations and of the report of the Committee.

THE SPEAKER: It is moved that the report of the Public Relations Committee be adopted, with the specific recommendations on consultation on the cinema and emphasis on personal relationships throughout the State. Is there a second to the motion, gentlemen?

C. L. WESTON, M.D. (Shiawassee): Second the motion.

E. D. SPALDING, M.D.: Mr. Chairman, in view of the fact that this and related matters have been already referred back to Reference Committee on Reports of The Council, would it not be wise to postpone final action on this until we again hear from the Reference Committee?

THE SPEAKER: Do you care to make a motion?

E. D. SPALDING, M.D.: I will move that action on this be postponed pending the final report from the Reference Committee.

W. W. BABCOCK, M.D.: I second the motion.

H. H. RIECKER, M.D.: Is that an amendment?

THE SPEAKER: No; this takes priority over Dr. Bromme's motion. We can decide to delay action on this pending another report. In other words, we are postponing it to a specific time.

(The motion was put to a vote and was carried unanimously)

WILLIAM BROMME, M.D.: Mr. Speaker, I recommend the adoption of the report of this Reference Committee on Reports of Standing Committees as accepted serially, with the exception of the report of the public relations program, as just postponed.

R. A. JOHNSON, M.D.: Second the motion.

(The motion was put to a vote and was carried unanimously)

THE SPEAKER: Thank you, Dr. Bromme, for your hard work.

XII—d. ON REPORTS OF SPECIAL COMMITTEES

The next item on the agenda is the report of special committees. We are going to try to cover as much of this as we can until we get too hungry. I will call on Dr. Gerstner of Kalamazoo County to render this report.

L. W. GERSTNER, M.D. (Kalamazoo):

XII—d. NURSES TRAINING SCHOOLS

The first report is that with reference to the Committee on Nurses Training Schools. The Committee moves the adoption of the report and the supplemental report, with the suggestion that further thought be given to locating training centers in areas of the state not served by centers that have been suggested. The program should be expanded to fill a need in rural communities where facilities are available to start additional schools.

To clarify that, the program on nurses' training includes the training of nurses' assistants throughout various communities of the State, and it was the opinion of the Committee that more communities should be served by those training centers; that is, where a community is equipped to have such training we felt a training center should be established there if indicated.

I move the adoption of this part of the report.

R. L. WADE, M.D.: I second the motion.

(The motion was put to a vote and was carried unanimously)

THE SPEAKER: The Chair will request that if there are no particular additions or suggestions, you read the names of these Committees and we will adopt them in a group, until you find one which is controversial.

XII—d. SCIENTIFIC RADIO

L. W. GERSTNER, M.D.: The report of the Scientific Radio Committee has been approved.

XII—d. WOMAN'S AUXILIARY

There was no report from the Advisory Committee to Woman's Auxiliary.

XII—d. SCIENTIFIC WORK

The report of the Scientific Work Committee is approved. The Committee commends them for the splendid program they have arranged.

XII—d. PROFESSIONAL LIAISON COMMITTEE

The report of the Professional Liaison Committee was approved. We believe the function of this Committee can be carried on by the revitalized Health Committee, and recommend that the Professional Liaison Committee be discontinued.

I so move.

H. F. DIBBLE, M.D.: Second the motion.

(The motion was put to a vote and was carried unanimously)

XII—d. BEAUMONT MEMORIAL COMMITTEE

L. W. GERSTNER, M.D.: The report of the Beaumont Memorial Committee is approved.

XII—d. SPECIAL COMMITTEE ON RADIO

The report of the Special Committee on Radio is approved,.

XII—d. POSTWAR EDUCATION

The report of the Committee on Postwar Education is approved, and the Committee advises that this Committee be discontinued, as recommended by their Chairman.

I so move.

W. W. BABCOCK, M.D.: Second the motion.

(The motion was put to a vote and was carried unanimously)

XII—d. RHEUMATIC FEVER

L. W. GERSTNER, M.D.: On the report of the Committee on Rheumatic Fever Control, the Reference Committee wishes to commend Dr. Riecker and his Committee for the magnificent work done the past year in establishing both study of rheumatic fever and the furthering of education to both doctors and lay groups. The Committee recommends that paragraph C of the Annual Report be deleted, and as a substitute paragraph C the Committee recommends that any follow-up of cases be carried out by or through the approval of the family physician.

With these suggestions and deletions, I move the adoption of this report, except that I note there is a typographical error in that report. In the third paragraph they speak of the women's fraternity alumni association, and they meant sorority, which obviously should be corrected.

R. A. SPRINGER, M.D.: I second the motion.

H. H. RIECKER, M.D.: May I discuss that objection for a moment?

Gentlemen, there is no sinister implication in paragraph C. I was amazed that my Central Committee was so enthusiastic about the willingness of the Alpha Phi Sorority to accept their help in this work with local committees.

Suppose a woman wants to help the Committee. They want to follow up a case and they want to know for certain that a child is receiving prophylactic treatment. An intelligent, thoroughly trained woman can go out to a community in an isolated area and see the family in the home, and can report back to the doctor or the Committee. The local committee is responsible to the physician.

There is nothing sinister about this. I don't think there should be any objection to it. We are trying to co-operate with interested lay groups. The whole Committee feels that way about it. I would like to have Dr. Gerstner's Committee approve the supplemental report, and reject their criticism of paragraph C. It has nothing but an innocent meaning of co-operation with any people who can help the doctor and the diagnostic groups in local centers which are controlled and appointed by the county societies.

THE SPEAKER: Thank you, Dr. Riecker. Do we all know what we are discussing? I will ask Dr. Gerstner to read paragraph C, which appears to be controversial again.

L. W. GERSTNER, M.D.: Paragraph C has not been read here; I shall read it now: "Qualified individuals would be welcomed to assist the public health nurses in follow-up of cases under the direction of the diagnostic group."

The Committee is well aware of the intent of this paragraph. It was established that cases could be followed, as they would have to be if the rheumatic fever clinics are to function adequately. However, it was also felt that any follow-up of these patients should be done through the family physician only, that by sending out any lay groups or public health nurses to the home we would be going around the family physician, and we felt there would be a happier feeling among the physicians themselves if that paragraph were deleted.

THE SPEAKER: Will you read your recommendation on that paragraph now, Doctor?

L. W. GERSTNER, M.D.: "The Committee recommends that paragraph C of the Annual Report be deleted, and as a substitute paragraph C the Committee recommends that any follow-up of cases be carried out by or through the approval of the family physician."

That would then permit the same people to make the follow-up, but it would be through the family physician rather than through the diagnostic center as such.

THE SPEAKER: The motion is that the report of the Rheumatic Fever Committee as amended by the Reference Committee be adopted. Is there any further discussion?

H. H. RIECKER, M.D.: May I discuss it further? I resent very thoroughly this implication that we are employing people outside of the doctor's realm. I want it thoroughly understood that I resent this very much. The whole committee has worked consistently through the family physician. That is our policy. I emphasized it yesterday.

There is nothing sinister about paragraph C. If, in an isolated community in the northern peninsula, Dr. Cooperstock could send out some educated layman to see that a child is receiving proper nutrition, that it is receiving its medication, that all the other children in the family are not living in the same room and sleeping five in a bed—it is in our minutes that this can be done in certain areas. There is no sinister implication about using public health nurses to co-operate with the doctors. Why not use them if they are needed and if they can do it? I resent very much that this has come up, because, as Dr. Foster can substantiate, all our effort has been that we have not in any sense turned the control of rheumatic fever over to people other than the family physicians in co-operation with the diagnostic centers, which are really those physicians.

I would rather have you reject the whole report and the supplementary report than to criticize this Committee and our subcommittees who have worked so hellishly hard to set up this program.

R. H. DENHAM, M.D.: It seems to me these qualified individuals are simply going to do social service work, and as such will not interfere with the follow-up of the physician.

H. H. RIECKER, M.D.: That is exactly right.

THE SPEAKER: The revised addition of the report states "that any follow-up cases be carried out by and through the approval of the family physician," which certainly allows the same technique to be carried out. It also says, "We wish to commend Dr. Riecker and his Committee for the magnificent work done during the past year."

The motion is that we accept the report as amended by the Reference Committee. Are there any other remarks?

(The motion was put to a vote)

THE SPEAKER: The Chair asks for a division of the vote.

(By hand vote the motion to accept the report as amended was carried by 42 to 17)

THE SPEAKER: The motion in favor of the acceptance of this report as amended is passed.

The Chair would like to point out that he does not feel this is any indictment of the Committee. It is complimentary to the Committee, and certainly the thing will work out as it always has.

L. W. GERSTNER, M.D.: I would like to confirm what has just been said regarding the action just taken. Certainly there is no one on the Committee who would not compliment to the highest degree Dr. Riecker and his Committee. Obviously it also is not the personal opinion of the Chair alone that formed the suggestion.

XII—d. CONTACT COMMITTEE WITH ASSOCIATION OF WELFARE BOARDS AND BOARDS OF SUPERVISORS

The report of the Committee on Association of Welfare Boards and Boards of Supervisors is recommended.

XII—d. VETERANS AFFAIRS

On the report of the Committee on State Veterans Affairs, the Committee moves the adoption of the report and recommends that the Committee assume the function of the Committee on Postwar Education.

I so move.

HARRY LIEFFERS, M.D.: I second the motion.

(The motion was put to a vote and was carried unanimously)

XII—d. COMMITTEE ON INFECTIOUS DIARRHEA

L. W. GERSTNER, M.D.: The report of the Joint Committee on Infectious Diarrhea is recommended.

XII—d. UNIFORM FEE SCHEDULE

The report of the Special Committee on Uniform Fee Schedule for Governmental Agencies is approved.

XII—d. RURAL HEALTH COMMITTEE

The report of the Committee on Rural Health is approved, and the Reference Committee highly commends the Committee on Rural Health.

XII—d. COURSES IN MEDICAL ECONOMICS

The report of the Committee on Courses in Medical Economics is approved.

I move that these reports be approved.

R. A. JOHNSON, M.D.: Second the motion.

(The motion was put to a vote and was carried unanimously)

XII—d. COMMITTEE ON MICHIGAN HIGH SCHOOL ATHLETIC ACCIDENT BENEFIT FUND

L. W. GERSTNER, M.D.: The report of the Committee on Michigan High School Athletic Accident Benefit Fund: The Reference Committee commends the work of the Committee but disagrees with its recommendations. We recommend that doctors take care of accidents for no less than a minimum fee, as set up for governmental agencies.

I move the acceptance of this report as amended.

R. L. WADE, M.D.: Second the motion.

THE SECRETARY: May I discuss this? I don't see the Chairman of the Committee here.

In connection with that amendment I would like to say that the Committee has been working with the Director of Interscholastic Athletics, and they have under consideration at the present time the subject he has brought up, about the governmental agency fee schedule.

However, this again is a question of public relations, and it has been pointed out in various comments that one of the finest gestures is the participation in this until such time as the schedule of benefits as set up can be revised upward, but that in the meantime something be done in the way of participation with this group.

The present fee schedule as paid by the student to the schools is not sufficient to meet the uniform fee schedule at this time. However, the Committee has had several meetings during the year that I know of, in which that very point was under consideration with the Administrative Committee of the Interscholastic Athletic group. It was felt that right now, and during this transition period of discussion, any attempt to throw down this program of the high school students would be anything but good public relations.

T. K. GRUBER, M.D.: Mr. Speaker, I heartily agree with what Dr. Foster just said. If you will note in the press from time to time, Mr. Briggs in Detroit has groups of children, boys and girls, go to the ballgames free of charge. He is running a good public relations proposition of training the boys and girls to go to ballgames so when they grow up they will go and pay for it.

If a doctor wants to go into a high school or any school and present his proposition, he certainly wants the friendship of the boys and girls in that school. Maybe he won't get full price for it, but after all he has to pay something for advertising.

It seems to me it is a very fine way to contact the youth of the country and have them say, "Doc's a fine guy, and we're for him," whereas if you say "We are going to exact the last dime," they may say, "We're kind of sore at him."

I think what Dr. Foster said is very pertinent. (Applause)

THE SPEAKER: Dr. Gruber, there is one sentence in here with which you disagree. It says, "We recommend that doctors take care of accidents for no less than the minimum fee as set up for governmental agencies." Do you care to move an amendment to get this off the floor? There is a motion on the floor that the report be accepted with this recommendation.

T. K. GRUBER, M.D.: I would move that this recommendation be deleted; I so amend the motion, that that be taken out.

W. W. BABCOCK, M.D.: Support.

THE SPEAKER: The amendment is that we amend the motion to strike out this recommendation.

(The amendment was put to a vote and was carried unanimously)

XII—d. NATIONAL EMERGENCY SERVICE

L. W. GERSTNER, M.D.: The report of the Committee on National Emergency Service is recommended approved.

XII—d. COMMITTEE TO MEET CONGRESSMEN

The report of the Special Committee to Meet Congressmen was accepted. The Reference Committee believes this was an effective piece of public relations and the move should be repeated.

XII—d. INDUSTRIAL STUDY COMMITTEE

The report of the Industrial Study Committee is recommended as printed.

I move that these reports be accepted.

H. F. DIBBLE, M.D.: Support.

(The motion was put to a vote and was carried unanimously)

L. W. GERSTNER, M.D.: I move the adoption of the report of the Reference Committee as a whole, with the deletions as amended.

E. A. OAKES, M.D. (Manistee): Second the motion.

(The motion was put to a vote and was carried unanimously)

THE SPEAKER: Thank you very much, Dr. Gerstner.

XII—e. ON CONSTITUTION AND BY-LAWS

The next order of business is the report of the Reference Committee on Constitution and By-Laws.

R. A. JOHNSON, M.D.: Mr. Speaker, there are two resolutions asking for the establishment of two Sections.

XII—e. SECTION ON PUBLIC HEALTH & PREVENTIVE MEDICINE

The first is that a Section on Public Health and Preventive Medicine be established. The Committee recommends this be done. I move the adoption of this resolution.

R. V. WALKER, M.D.: Second the motion.

(The motion was put to a vote and was carried unanimously)

XII—e. SECTION ON NERVOUS AND MENTAL DISEASES

R. A. JOHNSON, M.D.: A similar resolution has to do with the establishment of a Section on Nervous and Mental Diseases. The Committee recommends the adoption of this resolution, and I so move.

C. W. OAKES, M.D.: I second the motion.

(The motion was put to a vote and was carried unanimously)

XII—e. AMENDMENTS TO CONSTITUTION PROPOSED IN 1946

R. A. JOHNSON, M.D.: There were two items left over from last year on the amendment to the Constitution having to do with emeritus membership and life membership. The Committee recommends that the present wording regarding emeritus membership be maintained as it now appears in the Constitution and By-Laws. I move the adoption of this recommendation.

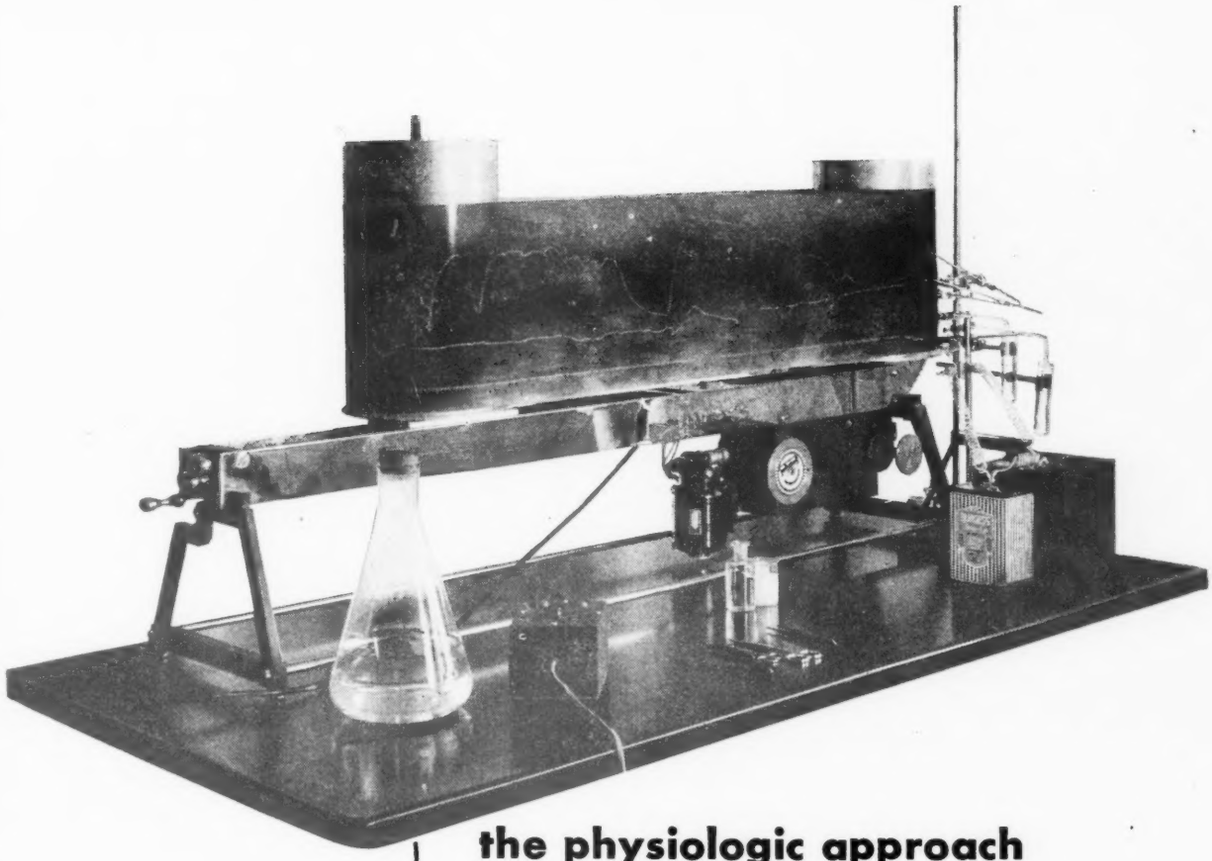
THE SPEAKER: You have heard the recommendation that this amendment to the Constitution be not adopted.

E. C. TEXTER, M.D.: Second the motion.

VOICE: Will you read the amendment, please?

R. A. JOHNSON, M.D.: (Art. III—Sec. 6) "Member Emeritus: Any physician who has been in practice fifty years, or has attained the age of seventy years, and who has maintained a membership in good standing for twenty-five years may, upon written application and upon recommendation of his county society, and by election in the House of Delegates, became a member emeritus.

(Continued on Page 1322)



the physiologic approach

to the correction of simple constipation involves the reeducation of the normal bowel reflexes.
Metamucil embraces the "smoothage" principle in constipation management.

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

METAMUCIL

is the highly refined mucilloid of Plantago ovata (50%), a seed of the psyllium group, combined with dextrose (50%) as a dispersing agent.

Metamucil is the registered trademark of G. D. Searle & Co., Chicago 80, Illinois.

SEARLE

Research in the Service of Medicine

(Continued from Page 1320)

A member emeritus shall be required to pay annual dues to the State Society not in excess of $10 and be relieved of paying all assessments. He shall be entitled to all the benefits and privileges of membership."

R. H. DENHAM, M.D.: It strikes me that for a man to have to make a signed application at the age of seventy, after having practiced for twenty-five consecutive years, is unreasonable. When we confer an honor upon these men I don't think it should be incumbent that they make application for that honor—if it is an honor. I would like to see that clause stricken which requires a written application being made.

THE SPEAKER: May I ask the Chairman of the Committee to read the recommendation of the Committee again, in order that we all understand it?

T. K. GRUBER, M.D.: What is the recommendation? Is it on Section VIII?

R. A. JOHNSON, M.D.: The recommendation is that the status of emeritus membership be not changed, and be continued as it now appears in the Constitution.

THE SPEAKER: In other words, Dr. Johnson, you are recommending that this proposed amendment be not adopted?

R. A. JOHNSON, M.D.: That is correct.

(The motion was put to a vote and was carried unanimously)

R. A. JOHNSON, M.D.: The Committee recommends that there be changes in the present wording regarding life membership. The Committee proposes, under Article III, Section 8, the word "twenty-five" be substituted for the word "ten" on the third line, and between the word "upon" and "application" in the fourth line, these words be inserted: "his personally signed."

The amended resolution would read as follows: "A physician who has attained the age of seventy years or more, and maintained an active membership in good standing for twenty-five years or more in his State Society, may, upon his personally signed application and recommendation of the county society, be transferred to life member roster by election in the House of Delegates. He shall have the right to vote and hold office, but shall pay no dues to the State Society. Request for transfer shall be accompanied by certification by the Secretary of the State Society as to years of membership in good standing."

I move the adoption of the amendment as read.

HARRY LIEFFERS, M.D.: I second the motion.

THE SPEAKER: As a technical point, Dr. Johnson, is it the amendment proposed last year and which appeared on the pages of THE JOURNAL?

R. A. JOHNSON, M.D.: Not quite. The Committee has reworded the proposal as it was handed to us.

THE SPEAKER: The Constitution calls for the necessity of presenting any proposed amendment to the Constitution at one session, having it lie over for a year, during which time it must be published in the pages of THE JOURNAL. If the intent of the amendment has not been changed by the Committee, the Chair believes it is right and proper to vote on it at the present time.

Is there any further discussion?

F. G. BUESSER, M.D. (Wayne): May I ask whether or not the wording of this should be changed so that a man shall pay no dues or assessment?

THE SPEAKER: Dr. Johnson, what is the opinion of the Committee with regard to dues and assessments of life members?

R. A. JOHNSON, M.D.: Thank you, Dr. Buesser; that is an oversight. "Should not be paid by life members, nor should dues."

THE SPEAKER: Will you read this as it will appear, then? Do you have the word "assessments" in there?

R. A. JOHNSON, M.D.: I didn't have it in, but it should be in.

THE SPEAKER: The Committee decided it should be in?

R. A. JOHNSON, M.D.: That is correct.

C. S. CLARKE, M.D. (Jackson): I would like to ask if it means twenty-five continuous years, or any twenty-five years, and whether he must be active at the time of application?

R. A. JOHNSON, M.D.: That is a good point, and a bugbear in the Committee. The thought was to have it twenty-five consecutive years; but, after all, one year follows another, and if you say "consecutive" you must say "consecutive active membership years." That will work a hardship on the group who may be on the retired list for a few years. After all, if a member has been in good standing for twenty-five years, the intent of the honor of life membership is there and is implied. I don't know of any better language than that which now appears in our Handbook on that point.

C. S. CLARKE, M.D.: May I add one thing: There is at least one county that has paid the dues of one of their men whom they have been trying to put on the life membership list, paying it out of their own treasury. Is that necessary under the proposal?

THE SPEAKER: Dr. Johnson doesn't choose to answer that question. I believe it has been held that if an application comes from a man who is not a member in good standing, that application is not honored; is that right, Dr. Foster? A man must have paid his dues up until the time the application is made?

THE SECRETARY: It has been ruled that a man must be in good standing at the time of his application.

THE SPEAKER: Therefore, if you pay this man's dues up until the time he is eligible, his application will be honored.

T. K. GRUBER, M.D.: Mr. Speaker, I wonder if they even have to pay his dues. If he has not been able to practice or pay his dues, he could be made a retired member; if a retired member, he is in good standing. Therefore, if a man was sick for five years and was on the retired list, and then practiced for five years and then was sick for five years and was well for fifteen years, that would be twenty-five years of good standing.

THE SPEAKER: Any further discussion on the amendment? If not, the Chair will ask for a vote by a show of hands. This is necessary, gentlemen, because it requires a two-thirds vote to amend the Constitution.

(The motion was put to a vote and was carried unanimously)

R. A. JOHNSON, M.D.: I merely wish to announce that there are proposed changes in the Constitution and By-Laws as outlined by Dr. Gruber, upon which of course this Committee cannot take any action.

I move the approval of the report of the Committee as a whole.

E. C. TEXTER, M.D.: I second the motion.

(The motion was put to a vote and was carried unanimously)

THE SPEAKER: The next item of business is the report of the Reference Committee on Resolutions. Dr. Breakey.

R. S. BREAKEY, M.D.: I move, Mr. Speaker, that the report of the Reference Committee on Resolutions be postponed to become the first order on the agenda at the session this evening.

(The motion was severally seconded, put to a vote, and carried, and the meeting recessed at 12:30 p.m.)

(To be concluded in December issue)

MEDICAL TREATMENT OF PERFORATED PEPTIC ULCER

(Continued from Page 1285)

References

1. Blackford, John M.: Panel discussion on peptic ulcer. J.A.M.A., 120:825, (Nov. 14) 1942.
2. Bloomfield, A. L.: The indications for operation in cases of peptic ulcer from the internist's point of view. Surgery, 17: 692, (May) 1945.
3. DeBakey, M.: Acute perforated gastro-duodenal ulceration; statistical analysis and review of literature. Surgery, 8:852, (Nov.) 1940.
4. Graham, Roscoe R. and Tovee, E. B.: The treatment of perforated ulcers. Surgery, 17:704, (May) 1945.
5. Hadley, H. G.: Perforated peptic ulcer and recovery without operation. Virginia M. Monthly, 67:697, (Nov.) 1940.
6. Lane, J. D. (senior surgeon, USPHS): Series to be published.
7. Martz, H. and Foote, M. N.: Analysis of 50 cases of perforated peptic ulcer, Surgery, 48:634, (June) 1940.
8. McCarthy, A. M., and Knoepp, L. F.: Perforated peptic ulcer. Am. J. Surg., 71:260, (Feb.) 1946.
9. Nagle, P.: Non-operative treatment of perforated gastric ulcer with generalized peritonitis by continuous gastric siphonage. Surgery, 4:687, (Nov.) 1938.
10. Paine, J. R. and Rigler, L. G.: Pneumoperitoneum in perforations of the gastro-intestinal tract. Surgery, 3:351, (March) 1938.
11. Singer, H. A.: Spontaneous recovery from perforation of peptic ulcer into free abdominal cavity. Arch. Int. Med., 45: 926, (June) 1930.
12. Thompson, H. L.: Acute perforation of peptic ulcer; immediate and late results in 500 cases. J.A.M.A., 113:2015, (Dec. 2) 1939.
13. Wangensteen, O. H.: Non-operative treatment of localized perforations of the duodenum. Minnesota Med., 18:477, (July) 1935.

AN EXPENSIVE "GIFT"

The Grandville Rotary Club heard a thought-provoking talk recently on "socialized medicine." It was given by a medical man who had made an intensive study of the subject.

He made the assertion that dictators since the time of Bismarck have gained control by promising all things to all persons.

(By the way, Peron, in Argentina, now is promising "socialized medicine.")

One of the deceptive aspects of the administration-sponsored measure before Congress is the impression given the average man that the medical service it would provide would be "free."

But would it be free?

A representative of the Actuarial Society of America recently analyzed the proposed national compulsory health insurance bill, as it is officially designated, and came to the conclusion that the system would cost 8 to 10 per cent of the entire payroll of the people covered.

Here's one "gift horse" we all should look in the mouth—before it bites us in the pocketbook.

—Reprint from editorial by John M. Kelly, *The Star and Alliance*, October 2, 1947.

Postgraduate Courses

University of Michigan Medical School

CLINICAL EXERCISES FOR PRACTITIONERS

Wednesday, October 8, 1947 to May 5, 1948

9:00 A.M.-12:00 NOON—Attendance at surgical ward rounds and surgical operations.
1:30 P.M.- 5:00 P.M.—Surgical Exercises arranged especially for practitioners. These will include clinics, lectures, and demonstration in General Surgery and all of the surgical specialities.
7:45 P.M.- 9:00 P.M.—Surgical staff conference in clinical amphitheater.

The fee is $50. Registration: Room 2040, University Hospital.

CLINICAL INTERNAL MEDICINE

Thursday, October 9 to December 18, 1947; January 8 to April 22, 1948. 1:30 P.M.

Arrangements have been made to meet the demands of practicing physicians for further training in internal medicine by offering a clinical teaching program every Thursday afternoon, beginning October 9 and continuing through December 18, 1947. The schedule will be resumed on January 8 and continued through April 22, 1948. Patients will be presented on ward rounds conducted by two members of the senior staff of the Department of Internal Medicine. The period will end with a conference of the entire medical staff and a review of recent interesting electrocardiograms.

The fee is $50. Limited to 40 members. Registration: 2020 University Hospital.

PEDIATRICS

November 19-22, 1947

This course in Pediatrics is arranged for physicians who are especially interested in the field of pediatrics and communicable diseases. It includes a few lectures, but primarily will consist of case presentations with discussions as to the diagnosis and management. The following subjects will be considered:

1. Congenital heart disease in relation to new operations available.
2. A group of endocrine disturbances of childhood.
3. A discussion of childhood diabetes.
4. An afternoon on virus diseases.
5. An x-ray conference.
6. A 2-hour discussion of hemotological disorders.
7. A forenoon on intestinal absorption in health and disease.

The fee is $25.00. Limited to 50. Registration: 2040 University Hospital.

CLINICAL APPLICATION OF THE BASIC SCIENCES

January 5 to January 30, 1948

This course will correlate the basic sciences with clinical medicine. Lectures will cover the phases of chemistry, physiology, bacteriology, pathology, and pharmacology which are directly applied in the practice of internal medicine as well as clinical medicine. Daily ward rounds in small groups will offer practical demonstrations with patients and emphasize problems in physical diagnosis. Clinical conferences with the pharmacologist, bacteriologist, and pathologist will further aid in the correlation.

The fee is $100.00.

ALLERGY

Orientation Course in Clinical Allergy

The American Academy of Allergy, under the sponsorship of the University of Michigan Department of Postgraduate Medicine. December 8 to 13, 1947.

A five-day course designed to cover the new and pertinent facts of clinical allergy. The faculty will consist of nationally and internationally known men in the field of allergy, and members of the faculty of the University of Michigan Medical School who are qualified to discuss the inter-relationship of allergy to other fields of medicine. Lectures and case demonstrations will be used to illustrate the problems of diagnosis, and modern management of bronchial asthma, seasonal hay fever, allergic rhinitis, atopic eczema, juvenile eczema, migrainous headaches, gastrointestinal allergy, allergic eye disease, contact and occupational dermatitis, allergic blood dyscrasia, and drug allergy.

Detailed outline of course will be sent upon request.

Registrants: Minimum, 30; maximum, 60. Fee, $40.00.

For information, write H. H. Cummings, M.D., Chairman
DEPARTMENT OF POSTGRADUATE MEDICAL EDUCATION
1313 East Ann Street, Ann Arbor, Michigan

Michigan's Department of Health

J. K. Altland, M.D., Commissioner

STUDY IN LABORATORIES

Dr. Jorge Roberto Arevalo of El Salvador, and Jose B. Escobar and Miss Matilde Kruger of Bolivia arrived at the Michigan Department of Health October 1 to spend three or four months studying diagnostic bacteriology in the clinical pathology division of the Laboratories. Their study is under the auspicies of the Institute of Inter-American Affairs.

ADD V D INVESTIGATORS

To work primarily in those counties which have no health departments, two new venereal disease investigators have been added to the staff of the Bureau of Venereal Disease Control. They are Rex DeGrush of Tulsa, Oklahoma, and Richard P. McAvoy of Lansing.

NEED MORE BLOOD

Michigan people must give five times as much blood as they are giving at the present time if blood plasma and fractions are to be available to all who need them after current Red Cross wartime surpluses are exhausted, according to Dr. A. B. Mitchell, Medical Director, Blood Plasma Program, Bureau of Laboratories.

He pointed out three notable changes in the program during its fourth year—the beginning of production of blood fractions, the preparation of emergency donor lists, and the addition of a full time American Red Cross executive for the program.

The Department expects to begin distributing blood fractions—gamma globulin and serum albumin—before the year is out.

PREVIEW OF GERIATRICS

Births during the first half of this year exceeded by nearly 50,000 the deaths during the same period. They exceeded those of any other first half year in the state's history and were exceeded only by those during the last half of 1946. Death figures were higher than last year and marriage figures, lower.

The vital statistics for the first half year follow: births, 78,884; deaths, 29,087; and marriages, 34,227. For the first half of 1946 they were: births, 55,375; deaths, 28,112 and marriages, 36,264.

"One Well!"

Thirteen cases of typhoid in Saginaw County during September were traced to a single private shallow well, twelve feet from the overflow of a newly installed septic tank used by a family which included an unrecognized carrier. This family owned the well, but quit using it in July when city water and the septic tank were installed. Neighbors drank from the well and became ill.

The state now has 265 known typhoid carriers under close supervision. During the past fifteen years typhoid deaths have been cut from 424 to 6. No case of typhoid traceable to a public water supply has been found in thirteen years.

For Better Hearing

To aid in conserving the hearing of Michigan's school children and to help those handicapped by poor hearing, the Department is again providing the services of two hearing consultants to schools. More than thirty-eight counties have requested the service this year.

Buy Hospital X-Ray Equipment

Taking the lead among the states in encouraging general hospitals to make routine chest x-rays of all their patients, Michigan now has twenty-two general hospitals which will x-ray all their 120,000 annual admissions through the use of equipment bought with federal funds and made available to the hospitals by the Bureau of Tuberculosis Control, Michigan Department of Health.

Equipment bought for the hospitals, four of which came into the program during the past year, cost $107,402.97. Some hospitals were given complete equipment and others items to supplement what they already had.

The Bureau of Tuberculosis Control decided to spend part of its federal grant in aid for tuberculosis control in providing equipment for general hospitals because there are more cases of tuberculosis found per one thousand persons examined among admissions to general hospitals than among any other group.

The participating hospitals are in fourteen major cities in the state. They have a bed capacity of 3,942 and total annual admissions of 120,080. These hospitals will x-ray each person admitted, not as a diagnostic study but to find those who have abnormal lung conditions.

The participating hospitals are: St. Joseph Mercy, Ann Arbor; Community and Leila Post, Battle Creek; Community, Coldwater; Receiving, Detroit; Blodgett, Butterworth and St. Mary's, Grand Rapids; Grandview General, Ironwood; Mercy, Jackson; Borgess and Bronson, Kalamazoo; Sparrow and St. Lawrence, Lansing; St. Luke's and St. Mary's, Marquette; Pontiac General, Pontiac; General, Port Huron; Saginaw General and St. Luke's, Saginaw; Munson, Traverse City; and Beyer, Ypsilanti.

Incidence of Communicable Disease

Disease	*September, 1947*	*September, 1946*
Diphtheria	12	16
Gonorrhea	935	1063
Lobar pneumonia	31	35
Measles	161	70
Meningococcic meningitis	13	9
Pertussis	1034	859
Poliomyelitis	276	281
Scarlet fever	88	169
Syphillis	1175	1660
Tuberculosis	622	519
Typhoid fever	20	8
Undulant fever	28	11
Smallpox	0	0

What's What

The 1948 meeting of the American Medical Association will be held the week of June 21 in Chicago, Illinois.

* * *

The American College of Allergists will conduct a graduate instructional course in allergy at Cincinnati, Ohio, November 3-8, 1947.

* * *

George L. Waldbott, M.D., Detroit, is the author of an original article "The Antihistaminic Drug" which appeared in *JAMA* of September 27.

* * *

The 1947 MSMS House of Delegates created two new Sections: (a) Section on Public Health and Preventive Medicine; and (b) Section on Nervous and Mental Diseases.

* * *

C. P. Mehas, M.D., and Wayne E. Truax, M.D., Pontiac, are co-authors of an original article "Streptomycin in Tuberculosis Meningitis" which appeared in *JAMA* of September 20.

* * *

Winfield B. Harm, M.D., of Detroit, has been appointed as one of the seven members of the Committee on General Practice, authorized by the AMA House of Delegates.

The examinations of the Michigan State Board of Registration in Medicine were held in Lansing, Michigan, on Wednesday, Thursday, and Friday, November 19, 20, and 21, 1947.

* * *

C. E. Umphrey, M.D., Detroit, was elected to the Board of Trustees of the National Physicians Committee for the Extension of Medical Service at its meeting of September 28 in Chicago.

Congratulations, Dr. Umphrey!

* * *

Roger V. Walker, M.D., Detroit, was appointed by the MSMS Executive Committee of The Council to be the representative of the Michigan State Medical Society at the State Rehabilitation Conference in Detroit, September 17-18, 1947.

* * *

Max Peet, M.D., of Ann Arbor, Michigan, has been appointed by the Board of Trustees of the AMA to the Advisory Committee on Scientific Exhibits.

* * *

Only fifteen old-age assistance recipients were added last month compared with a normal 390. The secret is

(Continued on Page 1332)

(Continued from Page 1330)

a new law which permits the state to recover the money from recipients' estates if enough is available. Apparently, relatives prefer to support their aged kinfolk in order to keep their estates intact.—*Michigan Survey,* October 13, 1947.

* * *

Session for General Practitioners.—The October 11 issue of *The Journal of the American Medical Association* outlined the chief subjects to be featured at the general scientific session for the general practitioner which will be held in Cleveland in connection with the mid-winter meeting of the American Medical Association House of Delegates, January 5, 6, 7, and 8, 1948.

* * *

The Michigan Allergy Society will meet in the Michigan Room, Statler Hotel, Detroit, December 18, at 6:00 p.m. Albert H. Rowe, M.D., San Francisco, author of "Food Allergy," will speak on "Clinical Aspects of Food Allergy With the Use of the Elimination Diet." For reservations contact M. M. Fenton, M.D., 1212 Broderick Tower, Detroit 26, telephone Cherry 1504.

* * *

The National Gastroenterological Association announces its annual cash prize award contest for the best unpublished contribution on gastroenterology or allied subjects. Entries for the prize shall be received by April 1, 1948. For full information write the Association at 1819 Broadway, New York 23, New York.

* * *

Wm. A. Hyland, M.D., Grand Rapids, has been appointed as the MSMS representative on the State Advisory Committee for the Practical Nurse Training Program, a part of the State Board of Control for Vocational Education, under Eugene B. Elliott, Superintendent of Public Instruction.

* * *

Thomas Francis, Jr., M.D., Ann Arbor, was recipient of one of the five 1947 Lasker Awards at the 1947 session of the American Public Health Association in Atlantic City on October 9. Dr. Francis was honored for his contribution to knowledge of influenza and aid in development of a successful vaccine.

Congratulations, Dr. Francis!

* * *

James A. Paullin, M.D., Atlanta, Professor of Clinical Medicine of Emory University, and former President of the American Medical Association and of the American College of Physicians, has been appointed a member of the Federal Hospital Council, established last year to assist Surgeon General Thomas Parran of the USPHS in the administration of the hospital survey and construction program.

* * *

The third annual Cancer Day, sponsored by the Calhoun County Medical Society and the Calhoun County Cancer Society, was held in Battle Creek on November 4, 1947. Speakers were Hugh J. Jewett, M.D., Baltimore, Md., and Jas. H. Maxwell, M.D., Ann Arbor. These guests, together with Stanley T. Lowe, M.D.,

Battle Creek, entered into a panel discussion as a public information radio broadcast over Station WELL on the evening of the Cancer Day. One hundred thirty-eight physicians were registered at the meeting.

* * *

Taft Health Bill.—At the Atlantic City meeting of the American Medical Association, the Reference Committee on Reports of Board of Trustees and Secretary had this to say about S.545:

"S.545, the so-called Taft Bill, as now written, approximates a legislative background for the development of a health program for the American people as set forth in the broad national health program of the American Medical Association."

* * *

Have you had an Organization Seminar in your county? At these meetings in the individual counties, arranged by the Michigan State Medical Society upon invitation of the county, local problems are discussed and the intimate details of the MSMS work and program are brought to the county society officers and members through a round-table discussion and through three short (10-minute) talks.

If you desire an Organization Seminar in your county contact your Councilor.

* * *

Coming MSMS Meetings:

1. County Secretaries and Public Relations Conference, Book-Cadillac Hotel, Detroit, Sunday, January 25, 1948.
2. Second annual Michigan Postgraduate Clinical Institute, Book-Cadillac Hotel, Detroit, Wednesday, Thursday, Friday, March 10, 11, 12, 1948.
3. MSMS Annual Session, Book-Cadillac Hotel, Detroit, Wednesday, Thursday, Friday, September 22, 23, 24, 1948.

* * *

The Library of Finland's Technical Institute, Teknillinen Korkeakoulu, during the war was bombed and totally destroyed. Scientific and technical books and periodicals from America will be welcomed to take the place of those destroyed. This would be a practical act of friendship to a nation that holds America in high regard. Gifts should be marked for the Institute of Technology, Helsinki, in care of the Legation of Finland, 2144 Wyoming Avenue N.W., Washingtion, D. C., attention of Dr. K. T. Jutila, the Finnish Minister.

* * *

Hugh W. Brenneman, Lansing, MSMS Public Relations Counsel, addressed Kiwanis Club at Williamston on Monday, September 15, on "Rural Health in Michigan."

Mr. Brenneman was interviewed by Forest A. Smith over WKAR on the Grange hour on the subject of the Michigan Rural Health Conference, Saturday, September 13 at 10:30 a.m.

Mr. Brenneman also spoke over WKAR on Monday, October 6, 1947, at 4:00 p.m. on the subject "A Good Program of Health for Rural Michigan" on the Michigan Education Association broadcast.

* * *

The Council of the Michigan State Medical Society, at its meeting of September 21, 1947, in Grand Rapids,

discussed the gradual infiltration of an ideology to coordinate various state health agencies having to do with curative medicine into one agency under the direction of the State Health Department whose function is that of preventive medicine. The Council strongly recommended the maintenance of the present independence of agencies such as the Michigan Crippled Children Commission, which are concerned with curative medicine.

* * *

Three Grand Rapids physicians recently were chosen for award of Edward and Susan Lowe fellowships for special postgraduate study in their profession. Gerritt E. Winter, M.D., Kent A. Dewey, M.D., and E. Hemingway Fuller, M.D., each will receive an award of $500, to be used for postgraduate clinical or similar instruction and experience outside Grand Rapids, "with a view to increasing ability to render professional medical or surgical service of the highest order." Drs. Dewey and Fuller will take postgraduate work in surgery; Dr. Winter in obstetrics.

* * *

Progress of Prepayment Plans.—The Council on Medical Service of the AMA reports that midyear enrollment in voluntary prepayment medical care plans is safely past the six million mark. Countrywide, this represents enrollment growth at the rate of approximately 200,000 new subscribers per month. The range of percentage increases for the six-month period was from 4.9 to 763.2 with an over-all average of 31 per cent.

Eighteen of the voluntary prepayment medical care plans reported a June 30 enrollment of more than 100,000 each. Four of them reported enrollment in excess of 500,000.

* * *

Talk With Your Representatives.—During the Christmas recess most members of Congress will be at home. Don't overlook the opportunity of talking with your representative on pending health legislation. For example, there are two bills—S. 1714 to provide for maternal and child health and S. 1734 to provide for national unemployment and temporary disability insurance—which are worth more than passing attention. (See page 1551, August 30, 1947, issue of *J.A.M.A.*)

If you read the preambles of these two bills, you will notice that they represent more social legislation along the same line as the Wagner-Murray-Dingell bills. A digest of the bills would lead one to believe that "the American people are really in a poor way."

* * *

The AMA Committee on Awards honored two groups of Michigan physicians for their scientific exhibits displayed at the centennial meeting in Atlantic City last June. Certificates of Merit in Group I were awarded to:

1. Hugh A. Freund, Gabriel Steiner and Carl E. Duffy, Harper Hospital and Wayne University College of Medicine, Detroit, for the exhibit on "Recent Advances in Studies of Rheumatoid Arthritis."

2. E. S. Gurdjian, J. E. Webster and H. R. Lissner, Wayne University College of Medicine and Grace Hos-

(Continued on Page 1336)

(Continued from Page 1334)

pital, Detroit, for the exhibit on "Mechanism of Production of Linear Skull Fracture—Studies with the Stress-coat."

Congratulations!

* * *

Frank E. Reeder, M.D., Flint, long-time Delegate in the MSMS House of Delegates as well as delegate from MSMS to the AMA House of Delegates, was honored by the Genesee County Medical Society on October 22 for his long service to his County and State societies.

One hundred seventy-two physicians in Genesee and neighboring counties, including officers of the Michigan State Medical Society, were present at the testimonial dinner honoring "Tony" Reeder, a physician who is a friend of all who ever came in contact with him.

* * *

Sickness statements for rail workers.—Physicians are being asked to furnish medical evidence to substantiate the claims of railroad workers who may now draw cash sickness benefits under the Railroad Unemployment Insurance Act. The Railroad Retirement Board points out that unless an application is mailed not later than the seventh day after the first day of sickness claimed, it may not be received within the legal time limit for filing applications. As a result, the employe may lose one or more days' benefits. Doctors are asked either to return each completed Statement of Sickness to the patient, or mail it promptly to the office of the Board to which it is addressed.

* * *

First Michigan Rural Health Conference.—This very successful experiment in public relations with Michigan's rural groups, held on the campus of Michigan State College, East Lansing, September 18-19, 1947, brought out three important recommendations:

1. Authority to set up a committee to arrange for a second Michigan Rural Health Conference in 1948, and to assume responsibility implementing the resolutions already passed by this Conference.

2. Authority to set up a committee to investigate a students' medical scholarship fund.

3. Authority to set up a committee to plan and assist in the organization of local health councils in rural areas, with the approval of the county medical society.

* * *

The American Academy of General Practice of Wayne County sponsored a two-day course of Postgraduate Lectures for general practitioners at Henry Ford Hospital, Detroit, on November 19-20. Speakers at the first annual lecture course were Drs. James I. Baltz, Frank R. Menagh, Dwight C. Ensign, J. P. Pratt, Wm. E. Jahs-

(Continued on Page 1338)

(Continued from Page 1336)

man, W. R. Chambers, Lawrence S. Fallis, John W. Keyes, J. Lewis Dill, Donald W. Hedrick, Arthur B. McGraw, Don H. Bellinger, Robt. H. Durham, Wm. L. Lowrie, Conrad R. Lam, Benjamin E. Goodrich, J. A. Johnston, Hawley S. Sanford, Ormand S. Culp, C. Leslie Mitchell, Brock E. Brush, James O. Olson, Joseph Shaffer, Howard P. Doub, Donald S. Bolstad, C. P. Hodgkinson, F. Janney Smith, Frank W. Hartman, John K. Ormand, Robert F. Ziegler, Frank J. Sladek, Clark M. McColl, Lewis J. Steiner, John G. Mateer, E. J. Alexander, Philip J. Howard, H. L. Stewart, Jr., and W. E. Redfern, all of Detroit.

Roy D. McClure, M.D., was the main speaker at the Banquet held in the Hotel Fort Shelby on Thursday evening, November 20.

* * *

Sulfonamides for Local Application Deleted from N.N.R.—Nearly two years ago the Council on Pharmacy and Chemistry published a report on the "Dangers from External Use of Sulfonamides," citing the evidence then available that the promiscuous use of these drugs in the form of ointments, lotions, powders and other preparations suitable for local application resulted in the sensitization to these drugs of a high proportion of those treated. Since that time, evidence has continued to accumulate confirming the views then expressed that the local application of these drugs should be limited to the

(Continued on Page 1340)

(Continued from Page 1338)

relatively few cutaneous infections known to respond to this form of therapy and that such medication should be administered only under the careful supervision of a physician. Recently Lyons has emphasized the reasons for abandoning the local use of the sulfonamides in treating wound infections, citing the experience gained in World War II which showed that these drugs delayed healing and were otherwise definitely deleterious, and furthermore that these drugs were ineffective for the purpose for which they were used, namely, wound sterilization.—*J.A.M.A.*, Sept. 20, 1947.

* * *

Veterans Administration.—Effective October 15, 1947, applications for medical treatment of veterans who have not previously filed claims and who have been discharged from service for one year or more, will not be granted *prima facie* evidence of service connection. Adjudicative action must be taken before authorized medical treatment by the Veterans Administration is permitted in these cases. The basic right of the veteran to apply for treatment and pension for service-incurred disabilities has not been disturbed.

VA estimates that at least sixteen million veterans will come out of World War II. This includes all veterans discharged by the armed forces through June 30 plus all soldiers, sailors, marines and others still in service on the same date. The potential veteran poulation will in-

(Continued on Page 1342)

(Continued from Page 1340)

crease until the official termination of the war which as yet has not been declared. By comparison, World War I produced 4,627,000 veterans, the Civil War, 1,849,000 union army veterans, and the Spanish American War, 381,000 veterans, making a combined total of 6,857,000 for the three wars, or considerably less than one-half of the minimum estimated for World War II alone.

VA states that after a converted National Service Life Insurance policy has been in effect for one year, the insured veteran may apply for a loan or for the cash surrender.

* * *

Alex W. Spain, M.D. of Dublin, Ireland, was guest speaker at the opening autumn meeting of the West Side Medical Society on October 8. The meeting, the first to be held in the Community War Memorial Building on Greenfield Rd., Detroit, was presided over by L. J. Gariepy, M.D., President of the West Side Society, a branch of the Wayne County Medical Society. Dr. Spain paid tribute to the Sisters of Mercy whose original home and hospital are in Dublin. He also praised President Gariepy for his organizational work in connection with Detroit's Mt. Carmel Mercy Hospital and for the large attendance at the West Side Medical Society meeting which Dr. Spain addressed.

Besides discussing "Obstetrics and Gynecology in Ireland," he also outlined economic and political conditions

(Continued on Page 1344)

WHAT'S WHAT

(Continued from Page 1342)

in his country and in England, France, Spain, and Italy.

Discussants included Dr. Gariepy, Dr. C. L. Candler, President of the Wayne County Medical Society, Dr. C. E. Umphrey, Councilor of the Michigan State Medical Society, Dr. W. W. Babcock and Dr. A. K. Northrup, all of Detroit.

Mrs. Spain, in America with her husband for several months, was entertained by the wives of members of the West Side Medical Society.

Classified Advertising

THE DOCTOR'S LIBRARY

Acknowledgment of all books received will be made in this column and this will be deemed by us as a full compensation of those sending them. A selection will be made for review, as expedient.

COMMUNAL SICK-CARE IN THE GERMAN GHETTO. By Jacob R. Marcus, Ph.D., Adolph S. Ochs Professor of Jewish History, Hebrew Union College, Cincinnati. The Hebrew Union College Press, 1947. Price $2.50.

The history of the Jewish people and their care during the past several centuries is that of communal care. Most of this care was rendered by Jewish physicians, but not all. The author tells of the appeal to the city authorities of Frankfort in 1631 for permission to appoint a Jewish physician to care for the community. The Jewish physician did not make a living from the modest salary paid him for his communal services, and had to take other patients. In 1698 a Holy Brotherhood of Circumcisors was established—new recruits must intern a year, one who had done three bad cases must not do any more, and if a man was too dependent on his spectacles he must not act as a circumcisor. Communal care continued until late in the eighteenth century when the Hebra Kaddisha became established. This was probably a sick-care society, and is claimed to have existed in Palestine, but there is evidence of establishment of them in Spain about 1265. They appeared in Prague about 1564. There was much discussion of them up to about 1880. Jewish hospitals came into existence in the early 1800's.

There is an abundance of letters, records, both in English and Hebrew. The book is an interesting study of the development of care of the Jewish people, and the improvement and acceptance of Jewish doctors.

MAY'S MANUAL OF THE DISEASES OF THE EYE. For Students and General Practitioners. Nineteenth Edition, Revised and Edited by Charles A. Perera, M.D., Assistant Clinical Professor, College of Physicians and Surgeons, Columbia University, New York; Assistant Attending Ophthalmologist, Presbyterian Hospital, New York. With 387 illustrations, 32 plates and 93 colored figures. Baltimore: Williams and Wilkins Company, 1947. Price $4.00.

Dr. May's manual of diseases of the eye has been a favorite since the first edition in 1900. The book has increased in size, the text is still the delightful style it has always been, and the illustrations have been multiplied and are of sufficient detail and clearness to be a very valuable help in understanding. Old illustrations have been replaced by new and more up-to-date ones. Modern methods, the newest drugs and remedies like penicillin, new theories of color, have been added. This edition will receive just as sure a welcome as have the past ones. The present editor assisted Dr. May in the last four editions, so is not new to the task.

INTERNAL MEDICINE IN GENERAL PRACTICE. By Robert Pratt McCombs, B.S., M.D., F.A.C.P., Assistant Professor of Medicine and Director of Postgraduate Teaching, Tufts College Medical School; Senior Attending Physician, The Joseph H. Pratt Diagnostic Hospital; Diplomate of the American Board of Internal Medicine. Second Edition. 741 pages with 122 illustrations. Philadelphia and London: W. B. Saunders Co., 1947. Price $8.00.

Methods of diagnosis receive an introductory chapter, caution being given for accuracy of findings. Diseases are

(Continued on Page 1348)

(Continued from Page 1346)

then considered, beginning with psychiatric disorders, which merit considerable study. Heart disorders, hypertension and urinary tract, with colored pictures of the fundus oculi are next. Each disease is carefully differentiated from others with similarities. Treatment is definite with reason and method. All systems of the body are studied.

This book is not voluminous, but is complete. It should be welcomed by the new specialty, General Practice.

ANNUAL REPRINT of Reports of the Council on Pharmacy and Chemistry of the American Medical Association for 1946. Cloth. Price, postpaid, $1.00. Pages 135. Chicago: American Medical Association, 1947.

This volume was formerly of most interest to those who wished to know why the Council on Pharmacy and Chemistry had not accepted certain of the preparations it had considered. The reports were mainly those of rejection; though, through the years, the educational nature of the Council's work was attested by status reports on drugs, or therapeutic procedures, or preliminary reports on agents showing promise of usefulness but not yet ready for adoption by the general and medical profession. In recent years, the tendency has been toward a preponderance of the educational type of report. In the present volume, both the condemnatory and the educational phases of the Council's work are represented.

There are three reports of vigorous condemnation: first, the report on Cabasil, a curiously unscientific mix-

ture whose exploitation for use in a multitude of diseases is aptly summarized by the subtitle of the report, "Quackery Unlimited"; second, the report on the pseudo-scientific Ethylene Disulphonate (Allergosil brand), a preparation of highly uncertain nature exploited to physicians for use in allergic conditions; third, Formula A-N-1, a joint report of the Council on Pharmacy and Chemistry and the Council on Industrial Health, concerning an expensive but poor substitute for aspirin and citrate of magnesia, cleverly promoted to industrial concerns for use in reducing absenteeism due to colds.

Among the status reports, the excellent article of Dr. Samuel M. Feinberg, "Histamine and Antihistaminic Agents," is probably most worthy of mention. Since its appearance, the Council has accepted for inclusion in *New and Nonofficial Remedies,* the two new agents of this class evaluated in the article, Diphenhydramine Hydrochloride, and Tripelennamine Hydrochloride (Benadryl Hydrochloride and Pyribenzamine Hydrochloride, respectively).

Pharmaceutical and scientific investigators, alike, will be interested in the informative report on the Council's new Therapeutic Trials Committee. Of special interest to manufacturers is a statement on the revised rules of the Council, though this exposition of the trends of Council policy is of concern to all who are interested in progressive rational therapeutics.

Attention is called to the several reports on the adoption of generic designations for drugs proposed or marketed under protected names. Not all such actions of the Council have been the subject of separate published reports; the recognized terms have appeared in the published descriptions of the drugs when accepted, and will be inserted in another Council publication, *New and Nonofficial Remedies,* as adoption of such designations for already accepted protected names proceeds.

THE AMERICAN ILLUSTRATED MEDICAL DICTIONARY. A complete dictionary of the terms used in Medicine, Surgery, Dentistry, Pharmacy, Chemistry, Nursing, Veterinary Science, Biology, Medical Biography, etc., with Pronunciation, Derivation and Definition. By W. A. Newman Dorland, A.M., M.D., F.A.C.S., Lieut. Col., M.R.C., U. S. Army; Member Committee on Nomenclature and Classification of Diseases of the AMA; Editor of "American Pocket Medical Dictionary." Twenty-first Edition. 1660 pages; with 880 illustrations, including 233 portraits. With the Collaboration of E. C. L. Miller, M.D., Medical College of Virginia. Philadelphia and London: W. B. Saunders Company, 1947. Price $8.00 without Thumb Index; $8.50 with the Thumb Index.

Another edition of Dorland's dictionary is available, and has the words invented yesterday. The growth of medical vocabulary is rapid due to new research and discoveries, and a book to keep up with that development must be frequently revised. This book has been thoroughly scrutinized throughout. It is a beautiful

sample of the bookmaker's art, with flexible covers, good paper, and type. The words are blackface to facilitate reference. A must in any medical library, or the doctor's desk without a library.

ADVANCES IN INTERNAL MEDICINE, Volume 2. Editors: William Dock, M.D., Long Island College of Medicine, Brooklyn, N. Y.; I. Snapper, M.D., The Mount Sinai Hospital, New York, N. Y. Associate Editors: Tinsley R. Harrison, M.D., Southwestern Medical College, Dallas, Texas; Chester S. Keefer, M.D., Evans Memorial and Massachusetts Memorial Hospitals, Boston, Mass.; Warfield T. Longcope, M.D., Cornhill Farm, Lee, Mass.; George R. Minot, M.D., Thorndike Memorial Laboratory, Boston City Hospital, Boston, Mass.; J. Murray Steele, M.D., Goldwater Memorial Hospital, New York University Division, Welfare Island, N. Y. New York: Interscience Publishers, Inc., 1947. Price $6.75.

Internal medicine advances so rapidly that careful selection is necessary of the items to be discussed in this book. Each chapter is assigned to a different author, and they make a complete review entity. The articles on "Ventricular Complex of the Electrocardiogram," and the "Problem of the Rhesus Antigen" are especially worthy of study. The article on pernicious and other anemias is an eye opener to younger men not familiar with the problem of a generation ago. This book is a valued agenda for the internist and also the progressive general practitioner.

ADVANCES IN PEDIATRICS. Editorial Board: S. Z. Levine, Cornell University Medical College, New York; Allan M. Butler, Harvard Medical School, Boston; L. Emmett Holt, Jr., New York University, College of Medicine, New York. Volume II. New York: Interscience Publishers, Inc., 1947. Price $9.50.

The authors have made a complete study of the year's progress in pediatrics, and this second year have published a readable book dealing mostly with new subjects, new techniques, and have assigned various subjects to a list of sixteen well known authorities. The result is a symposium type work that is a complete exposition of the material and makes a handy and permanent refresher course.

Physicians can be divided into two great groups, those who are learning and those who are forgetting, those who each year know more and those who each year know less. There seems no third group, those who are stationary.

INDEX TO ADVERTISERS

Abbott Laboratories 1249
American Diet Service 1348
American Meat Institute 1272
Ames Co., Inc. 1332, 1333
Ar-Ex Cosmetics 1350
Arlington Chemical Co. 1251
Ayerst, McKenna & Harrison 1267

Baker Laboratories 1257
Barlow-Maney Laboratories, Inc. 1241
Borcherdt Malt Extract Co. 1349
Borden's Prescription Products Division 1260
Brink, Earl B., Agency 1256
Burroughs Wellcome & Co., Inc. 1323

Camel Cigarettes 1233
Camp, S. H., & Co. ..... Inside Back Cover
Central Laboratories—Detroit 1347
Central Laboratory—Saginaw 1348
Chicago Medical Society 1350
Ciba Pharmaceutical Products Co. ..... Facing Page 1256
Classified Advertising 1344
Clinical Laboratories 1350
Coca-Cola 1341
Cook County Graduate School of Medicine 1347
Coon, D. R., Co. 1343
Cummins Optical Co. 1324

DeNike Sanitarium, Inc. 1345
Denver Chemical Manufacturing Co. 1329
Detroit Creamery 1232
Detroit First-Aid Co. 1346
Detroit Medical Arts Pharmacy 1235
Detroit Medical Hospital 1338

Electro-Medical Equipment Co. 1345
Evans-Sherratt Co. 1342

Ferguson-Droste-Ferguson 1339
Fischer, H. G., & Co. 1342

General Electric X-Ray Corporation 1231

Hack Shoe Co. 1227
Hartz, J. F., Co. 1255
Haven Sanitarium, Inc. 1331
Homewood Sanitarium 1335
Hotel Olds 1350

Ingram, G. A., Co. 1324, 1345

Johnston Optical Co. 1226

Kilgore and Hurd 1331
Kuhlman, A., & Co. 1345

Lilly, Eli, & Co. ..... Facing page 1272

M. & R. Dietetic Laboratories 1243
Mead Johnson & Co. ..... Back Cover, 1352
Medical Arts Surgical Supply Company 1325
Medical Placement 1348
Medical Protective Co. 1264
Medical Supply Corporation of Detroit 1340
Merck & Co. 1239
Meyer Institute of Body Culture 1350
Milwaukee Sanitarium ..... Back Cover

Nestle's Milk Products, Inc. 1269
Niedelson, Wm. R., Co. 1253
North Shore Health Resort 1337

Parke, Davis & Co. ..... Inside front cover, 1225, 1265
Philip Morris Cigarettes 1262
Physicians Casualty Association 1344
Physicians Service Laboratories 1346
Picker X-Ray Corporation 1261
Pine-Aire Lodge 1330
Pogue, Mary E., School 1344
Profesional Management 1344

Quaker Oats Co. 1327

Rackham, Stuart J., Co. 1351
Radium Emanation Corporation 1341
Randolph Surgical Supply Company 1247
Rexair Division, Martin-Parry Corporation 1259
Roman Cleanser 1349
Rowley, E. H., Co. 1342
Rupp & Bowman Co. 1338

Schering Corporation 1237
Schmid, Julius, Inc. 1258
Searle, G. D., & Co. 1321
Sharp & Dohme 1245
Smith, Kline & French Laboratories 1270
Spencer, Inc. 1334
Squibb, E. R., & Sons 1229
Stearns, Frederick, & Co. 1263
Stroh Brewery Co. 1348

Tobin, R. R., Tobacco Co. 1349
Tutag, S. J., & Co. 1336

Uhlemann Optical Co. 1266

Vernor's Ginger Ale 1337

Wehenkel Sanatorium 1339
Whaling's 1335
White Laboratories ..... Facing page 1240
Whiting and Whiting 1347
Winthrop-Stearns, Inc. 1271
Wyeth, Inc. 1268

Zemmer Co. 1351
Zeno Trading Corporation 1340

SHOULD VITAMIN D BE GIVEN ONLY TO INFANTS?

VITAMIN D has been so successful in preventing rickets during infancy that there has been little emphasis on continuing its use after the second year.

But now a careful histologic study has been made which reveals a startlingly high incidence of rickets in children 2 to 14 years old. Follis, Jackson, Eliot, and Park* report that postmortem examination of 230 children of this age group showed the total prevalence of rickets to be 46.5%.

Rachitic changes were present as late as the fourteenth year, and the incidence was higher among children dying from acute disease than in those dying of chronic disease.

The authors conclude, "We doubt if slight degrees of rickets, such as we found in many of our children, interfere with health and development, but our studies as a whole afford reason to prolong administration of vitamin D to the age limit of our study, the fourteenth year, and especially indicate the necessity to suspect and to take the necessary measures to guard against rickets in sick children."

*R. H. Follis, D. Jackson, M. M. Eliot, and E. A. Park: Prevalence of rickets in children between two and fourteen years of age, Am. J. Dis. Child. 66:1-11, July 1943.